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Systems Research on Early Childhood Care and Development in Bangladesh

Policy analysis and data availability

thrive

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List of abbreviations

ANC	Antenatal care
APSC	Annual Primary School Census
ASER	Annual Status of Education Report
BDHS	Bangladesh Demographic and Health Survey
BEN	Bangladesh ECD Network
BMS	Breastmilk substitutes
BSA	Bangladesh Shishu Academy
CAMPE	Campaign for Popular Education
CECCD	Comprehensive Early Childhood Care and Development
DAM	Dhaka Ahsania Mission
DPE	Directorate of Primary Education
ECD	Early childhood development
ECCD	Early childhood care and development
ECE	Early childhood education
EFA	Education for All
ELCDP	Early Learning for Child Development Project
ELDS	Early Learning and Development Standards
FIVDB	Friends in Village Development Bangladesh
GoB	Government of Bangladesh
HIES	Household Income and Expenditure Survey
ICBC	Integrated Community Based Center for Child Care, Protection, and Swim-Safe Facilities
ICT	Information and communication technology
IPEMIS	Integrated Primary Education Management Information System
ITN	Insecticide-treated nets
LMICs	Low- and middle-income countries
M&E	Monitoring and evaluation
MICS	Multiple Indicator Cluster Survey
MoHFW	Ministry of Health and Family Welfare
MoPME	Ministry of Primary and Mass Education
MoSW	Ministry of Social Welfare
MoWCA	Ministry of Women and Children Affairs
NCF	Nurturing Care Framework

NCTB	National Curriculum and Textbook Board
NNS	National Nutrition Services
NSPD	National Survey on Persons with Disabilities
PEDP	Primary Education Development Programme
PEDP II	Second Primary Education Development Programme
PEDP III	Third Primary Education Development Programme
PEDP4	Fourth Primary Education Development Programme
PPE	Pre-primary education
UN	United Nations
UNICEF	United Nations Children's Fund
UNICEF SOWC	UNICEF's The State of the World's Children
USAID	United States Agency for International Development
WHO	World Health Organization

Foreword

Early Childhood Care and Development (ECCD) is critical in shaping a nation's future, laying the foundation for lifelong learning, health, and well-being. Bangladesh has made significant strides in developing comprehensive policies to support the holistic development of its youngest citizens. However, challenges remain in effectively implementing and scaling up these policies, particularly ensuring equitable access to high-quality services across health, nutrition, education, and social protection.

This report attempts a comprehensive analysis of ECCD-related policies and the current landscape of data available on various ECCD indicators in Bangladesh. The findings throw light on how the Comprehensive Early Childhood Care and Development (CECCD) Policy of 2013 and the Nurturing Care Framework have been understood and reflected in the priorities and actions of various actors. It offers a broad overview of the policies, interventions, and programmes that have shaped ECCD provision in Bangladesh. It will serve as a useful resource as we strive to advance policy dialogues and initiatives to enhance policy implementation, strengthen ECCD systems, and improve service delivery.

The Government of Bangladesh, in collaboration with NGOs, INGOs, civil society networks, and development partners, has shown a commitment and invested resources to place ECCD on the national policy agenda. However, significant challenges persist, particularly regarding cross-sectoral coordination, promoting inclusive practices and addressing inequities in access to quality ECCD services. Ultimately, aligning decision-makers at the political level to overcome barriers to organisational re-direction and ensuring adequate investment of resources remains the major challenge. This report, we hope, will assist policymakers, researchers, practitioners, and other stakeholders with valuable evidence to support the scaling up of ECCD programmes in the country and help gain a higher level of political commitment to this goal. It synthesises key insights from existing ECCD-related policies and data while identifying critical areas where further research and strategic exploration are needed to drive meaningful progress.

Bangladesh ECD Network (BEN)—the forum of ECCD actors, advocates, and promoters—considers the study particularly valuable for BEN's effort to review policy implementation and adaptation and support the expansion of inclusive, equitable, quality childhood development services. The report adds to a critical examination of policy and programmes BEN engages in and enhances the awareness-raising and advocacy objectives of BEN.

We sincerely appreciate all the contributors and stakeholders who supported this research. Their commitment and expertise have been instrumental in shaping this report, which we believe will contribute to advancing the country's ECCD agenda. We would also like to express our sincere gratitude to Oxford Policy Management for conducting this essential research as part of the Thrive Programme in Bangladesh.

The findings and recommended research opportunities indicated, we hope, will encourage the ECCD community to devote their efforts to the scaling up of quality ECCD services in Bangladesh. We encourage the readers to reflect and find ways to foster environments where every child can thrive in the most critical years of human development.

Dr. Manzoor Ahmed

Chairperson

Bangladesh ECD Network (BEN)

Dhaka, Bangladesh

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Executive summary

About Thrive

Thrive is a multi-country research programme that aims to support countries to turn knowledge about positive early childhood development (ECD) into practical, scalable, low-cost programmes. It is now well known that supporting parents, families, carers, and communities to provide nurturing care can have a significant positive impact on child development. Positive ECD leads to improved school achievement, greater employment opportunities, long-term health, and lifetime wellbeing. Working closely with policymakers and other stakeholders, Thrive aims to build an understanding of ECD service delivery models, how they can be provided cost-effectively and at scale, and how these systems can innovate, improve, and better serve children and communities in low- and middle-income countries (LMICs). The programme operates across five countries: Bangladesh, Ghana, Kiribati, Sierra Leone, and Tanzania.

About this report

The Government of Bangladesh (GoB) recognises the significance of early childhood care and development (ECCD)[1] through the Comprehensive Early Childhood Care and Development (CECCD) Policy 2013, which aims to ensure the wellbeing of children up to the age of eight. The policy focuses on providing early interventions, ensuring school readiness, and equipping caregivers with the necessary skills to foster children's wellbeing.

This report presents a comprehensive analysis of policies related to ECCD and provides an in-depth overview of the current data landscape, highlighting the availability of data on various ECCD indicators in Bangladesh compared to these policy commitments. To construct a comprehensive understanding of the ECCD sector in Bangladesh, we anchor our analysis in two frameworks: the Nurturing Care Framework (NCF) and the Bangladesh CECCD Policy. Established in 2018, the NCF is a collaborative initiative by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the World Bank, offering a strategic approach to ECD. It emphasises the importance of providing nurturing care to children through various contexts, including the home, childcare, community, and policies. The NCF framework includes five interrelated and inseparable domains of nurturing care necessary in early childhood for children to reach their full potential: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety

[1] For this report, we use the term ECCD in line with Bangladesh's CECCD Policy 2013.

and security. The CECCD Policy is the key cross-sectoral policy document in the country, first established in 2013.

To conduct the policy gap analysis and assess data availability, we reviewed the NCF and the CECCD Policy 2013 to identify ECCD indicators for existing service provisions. This allowed us to strike a balance between globally endorsed principles for optimal child development and country-specific goals and strategies pertaining to ECCD. Our approach to this research involved two key phases:

1. a comprehensive desk review of secondary and publicly available sources; and
2. interviews with key stakeholders as a primary data collection exercise to understand ECCD-related policies in more depth.

The systems research was designed to address the following questions:

- What is Bangladesh's policy commitment to ECCD?
- What data are available to unpack the country's progress in achieving these commitments?

The study findings have been aligned with the domains of the NCF. The five developmental domains of the NCF are:

1. **good health** – ensuring physical wellbeing and survival through immunisation, proper hygiene, and access to healthcare services, safeguarding mothers and children from illness and injury;
2. **adequate nutrition** – ensuring proper nourishment for mothers and children to support healthy growth and brain development, addressing children's physical and cognitive needs;
3. **responsive caregiving** – offering consistent, warm, and responsive interactions to meet a child's emotional and psychological needs, promoting secure attachment and trust;
4. **opportunities for early learning** – opportunities for age-appropriate stimulation and play, enabling cognitive, linguistic, and socioemotional growth; and
5. **safety and security** – creating a protective environment free from violence, abuse, neglect, and harmful exposures to enable children to thrive while promoting emotional and social stability.

The following tables present a summary of the study's key findings.

What is Bangladesh's policy commitment to ECCD?

To address this question, we thoroughly examined 41 policy documents, including operational plans, legislative acts, and regulations relevant to Bangladesh's ECCD sector. The primary objective of this analysis was to present an overview of Bangladesh's policy landscape, identifying areas that are well-aligned with the domains of the NCF and areas that would benefit from further policy articulation.

Key insights

NCF domains	Insights	Policy gaps
Good health	▪ Policies related to health and ECCD strategically outline a wide range of interventions, **encompassing preventive measures (such as prenatal care, antenatal care (ANC), and immunisation) and curative actions (aimed at managing childhood sickness).**	▪ We **did not find any significant gaps** in this domain.
Adequate nutrition	▪ **Existing policies reflect a strong commitment to addressing malnutrition through a holistic approach that encompasses the needs of both mothers and children.** The **policies emphasise** maternal and child nutrition, breastfeeding support for mothers, micronutrient supplementation, complementary feeding, and deworming for children. ▪ There are **regulatory measures in place** to improve the nutritional quality of staple foods for children. ▪ The country has an **advocacy plan to ensure the promotion of nutrition-related policies.**	▪ There is **limited emphasis on growth monitoring and promotion** for mothers and children, which is vital to identify growth faltering, malnutrition, and other health concerns at an early stage. ▪ **The policies could be strengthened to identify systematic referral pathways for at-risk children.**
Responsive caregiving	▪ Policy **priorities include early bonding and breastfeeding initiation through rooming-in for mothers and young infants.** ▪ The policies **identify the role of play and communication activities between caregivers and children**, as well as the	▪ The policies could be strengthened to include interventions such as **skin-to-skin contact immediately after birth and the involvement of fathers and extended families in caregiving.**

	crucial role of caregiver sensitivity, responsiveness, and social support.	▪ The analysis **underscored a critical gap in targeted implementation policies for responsive caregiving**, exacerbating existing challenges such as gaps in addressing the lack of knowledge and awareness regarding the significance of caregiving.
Opportunities for early learning	▪ The policies **prioritise the quality improvement of early childhood education (ECE), child-friendly learning environments, and the development of early learning standards for curricula** (including the inclusion of local languages). ▪ The policies outline interventions such as **quality assurance of ECE, promoting preschool participation, and infrastructural development.**	▪ There is a **need for policy commitment to the provision of quality daycare for children,** which is important to improve labour participation and productivity. ▪ Policies emphasising **child development outcomes** are essential to track the quality of ECCD programmes. ▪ **Policies around teacher recruitment, training, and appointment need to be clarified**. Stakeholder interviews also highlighted the need for standardised training for ECCD staff and improvements in the quality of the training institute infrastructure.
Safety and security	▪ **Birth registration and the provision of safe water and sanitation** stand out as crucial country priorities. ▪ The government identifies the need for policies around the **prevention of violence** to ensure the safety and security of children. ▪ There is a focus **on support for family and foster care over institutional care**, suggesting that the government wishes to prioritise family-based nurturing environments for children at risk. ▪ There is also a focus on **interventions to navigate the complexities of cyberculture** and the evolving digital landscape.	▪ The policies **need to be strengthened further to include the far-reaching impacts of climate change, air pollution, and exposure to hazardous chemicals on children.** ▪ **Government stakeholders are interested** in addressing issues related to the prevention and reduction of air and noise pollution; however, inadequate funding hampers their efforts in this regard.

Overall observations

- The focus of the Bangladesh CECCD Policy 2013 aligns with the developmental domains outlined in the NCF. In some instances, the CECCD and related policies expand the scope of specific interventions beyond those outlined in the NCF.
- Overall, several policy documents articulate numerous important aspects of child development, demonstrating the country's formal commitment to ECCD.
- Key areas for policy development include caregivers' mental health, pre-primary teacher recruitment, training, appointment and development, and good-quality daycare centres for children.
- Additional areas for consideration include evaluating existing models, leveraging ECCD networks for inter-ministerial coordination, and ensuring equity in policy implementation. Moving forward, understanding existing ECCD service delivery mechanisms and addressing implementation challenges will be crucial for enhancing ECCD outcomes.

What data are available to unpack the status of ECCD in Bangladesh?

To assess data availability in alignment with national policy commitments, we reviewed and analysed 11 publicly accessible, nationally representative surveys and data sources. The findings are presented under the domains of the NCF, with ECCD indicators identified from the NCF and the CECCD Policy.

Key insights

NCF domains	Insights	Data gaps
Good health	▪ There is **high immunisation coverage** for children, although access to care for childhood illness remains limited. ▪ **Access to healthcare** remains a challenge as only 70% of women had a skilled attendant present during the delivery, and only 65% of women have had an institutional delivery. ▪ There is approximately **one healthcare worker for every 1,500 people** in the country. The findings further emphasise the strain on healthcare systems and frontline workers, potentially contributing to the observed challenges in accessibility and quality of health services.	▪ Data availability is **limited for some crucial indicators such as preterm births, pregnancy awareness, and ensuring the health needs of vulnerable populations**. ▪ While outcome-level data are available for some interventions, **process-level data are limited.** Some examples include data unavailability for the provision, access, and utilisation of healthcare facilities, staffing levels, and the quality of these services.
Adequate nutrition	▪ There is **positive coverage of nutritional interventions**. ▪ Only **47% of infants are breastfed** within the crucial first hour of birth, potentially affecting early bonding and nutrient intake. ▪ There are **gaps in dietary diversity and meal frequency**, with only 34% of children aged 6–23 months consuming foods from five or more food groups and 65% receiving appropriate meal frequencies. ▪ **Malnutrition continues to be a critical concern**, with 24% of children under five experiencing stunting and 11% suffering from wasting. Over the past five years, limited progress has been made in addressing these issues.	▪ There is a **lack of comprehensive data on the extension of parenting awareness programmes** to include nutrition and child-rearing, which are crucial for instilling healthy eating habits from an early age. Additionally, **creating a system for personalised nutrition based on individual needs**, including those of children with special needs, remains an unaddressed challenge, highlighting the need for more inclusive programme interventions.

Responsive caregiving	▪ **Only 64% of parents engaged in activities with their children that promote their development**. ▪ Significant **disparities exist based on socioeconomic status**, with only 49% of children from the poorest 20% of households receiving such stimulation compared to 80% from the wealthiest 20%. ▪ Notably, there is a **marked disparity in paternal involvement, with only 11% of children benefitting from early stimulation and responsive care by fathers.**	▪ The **lack of comprehensive data on responsive caregiving** worldwide is a pressing concern recognised by many global organisations. ▪ There **is a scarcity of data on parental mental health, support groups, and home visits.**
Opportunities for early learning	▪ Despite the government's intention to scale pre-primary provision, the **gross pre-primary enrolment rate remains low.** ▪ **Attendance rates** are slightly higher among children from wealthier households (26%) than among those from poorer households (19%). ▪ A significant percentage of children have access to toys and household items for play at home, **but only 6% have three or more children's books.**	▪ The **absence of comprehensive data on children's learning outcomes and school readiness** poses a significant challenge. ▪ Vital aspects such as the **availability of skilled early years educators and the quality of classroom environments** remain largely undocumented. ▪ Additionally, there are **gaps in understanding the attainment of foundational literacy and numeracy skills** among 6–8-year-olds in schools.
Safety and security	▪ **Birth registration has improved** over the last five years. ▪ There is **scope to improve coverage of maternity benefits**. ▪ A large proportion of children (95%) aged 1–4 years experienced violent discipline methods, suggesting a need for education and **awareness of positive parenting strategies.**	▪ **Limited data are available** for the status of children living in crisis situations and facing displacement, the wellbeing of children in institutional care, and children at risk due to parental alcohol or drug consumption.

Overall observations

- 73 interventions were mapped from the NCF and the CECCD Policy, and a broad analysis shows that 66% of interventions lack any available data.
- 49% of interventions have strategic focuses aligned with national CECCD Policy, but no indicators are currently available to monitor their progress. Furthermore, only 6% of interventions have three or more indicators to track progress.
- Variations across gender, geographic location, and socioeconomic groups are not adequately addressed in the available data.
- The currently available data may be improved to account for usability for decision makers. Actionable data, including process, monitoring, and output-related data, are crucial to empower practitioners, policymakers, funders, and stakeholders in crafting policies, designing impactful programmes, improving service delivery, and facilitating implementation in the ECCD domain.

Potential areas for further research

Building on the findings outlined in the preceding sections, we identify key research opportunities that could contribute to scaling and enhancing the quality of ECCD services in Bangladesh.

1. **Diagnosing service delivery bottlenecks:** While Bangladesh has notable policy commitments across the five domains of the NCF, stakeholders repeatedly highlighted that implementing existing policies is a major challenge. Further research could identify government priorities via stakeholder consultations and gather data to shed light on the status of implementing ECCD interventions. The data collection focus could be on collecting diagnostic data, pinpointing the root causes of current service delivery outcomes, and suggesting improvements.
2. **Generating evidence on policy gaps:** The ECCD policy review highlights a few gaps in policy commitments that could benefit from further support. These gaps include a focus on interventions related to growth monitoring and the promotion and explicit involvement of fathers and other caregivers, support for caregivers' mental health, training and the appointment of pre-primary teachers, and targeted preventive policies regarding the impact of pollution on younger children. Further research could help address these gaps by partnering with non-government actors to pilot and evaluate interventions tailored to the needs of the community.
3. **Reviewing the CECCD Policy and strengthening its implementation framework:** While the CECCD Policy has served as a foundational cross-sectoral guideline for over a decade, this is a timely opportunity to shift its focus from a broad strategic outline for ECCD in Bangladesh to a more action-oriented plan. Conducting such an evaluation could offer valuable insights into successes, challenges, and areas for improvement, empowering stakeholders to make informed decisions to enhance ECCD outcomes.
4. **Establishing robust monitoring frameworks and collecting data:** The available data lack usability for decision makers seeking to enact corrective measures or guide national programmes effectively. Actionable data may be useful for decision making. For example, process data, monitoring data, and output-related data may help empower stakeholders in the ECCD domain to write policies, design impactful programmes, enhance service delivery, and facilitate implementation. Further research could support developing a national monitoring and evaluation (M&E) plan, enhancing monitoring frameworks to effectively track the progress of ECCD interventions implemented by government and non-government actors, and focusing on collecting data that facilitate evidence-informed action and course correction. This research could specifically focus on identifying contextually and locally relevant indicators supporting stakeholders in strengthening their current monitoring frameworks aligned with the national plan.

Additionally, this report revealed **significant gaps in data availability**. These gaps encompass various facets of government interventions, spanning inputs, activities, and outcomes. Addressing this issue is crucial to enhance our grasp of the sector, with the most prominent gaps observed in the responsive caregiving, opportunities for early learning, and safety and security domains. Further research could pilot different data collection initiatives, including process- and theory-based formative evaluations, to understand if any new nationally representative indicators need to be developed, such as national surveys or longitudinal studies.

Chapter 1: Introduction

This chapter provides an overview of the Thrive programme in Bangladesh, explains the purpose of this ECCD systems research report, and provides the research methodology.

1.1 Thrive programme in Bangladesh

Bangladesh's ECCD[2] landscape is complex and consists of numerous organisations (both within government and non-government actors) that work on furthering the country's ECCD agenda. The Thrive programme in Bangladesh is co-led by Oxford Policy Management in partnership with the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b). The overall aim of the Thrive programme in Bangladesh is to conduct research and generate evidence on how to successfully scale ECD interventions to support the establishment of an enabling environment for every child, ensuring access to high-quality services that enhance health, nutrition, learning capabilities, and emotional wellbeing. The research projects involve generating evidence on various ECD service delivery models across different service sectors:

- **public sector** – enhancing the capacity of the government to deliver on its 2013 CECCD Policy commitment to supporting sensitive, responsive, and stimulating caregiving through the existing public service delivery platforms of the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Women and Children Affairs (MoWCA);
- **private sector** – contributing to the development of novel approaches that address a pressing policy gap in the provision of quality daycare, focusing on provision within the garment sector, which plays a critical role in the country's economy and is a major employer of women workers; and
- **non-governmental organisation (NGO) and humanitarian sector** – providing evidence to enhance the government's ability to plan, coordinate, and respond effectively to the specific needs of the targeted population while also contributing to the limited global evidence on ECD interventions in refugee settings.

Thrive's overarching strategic objectives in Bangladesh include:

- contributing to the national ECD agenda by bringing further attention to ECD;
- contributing to the national evidence base to strengthen the scale-up of ECD services; and

[2] For this report, we use the term ECCD in line with Bangladesh's CECCD Policy 2013.

- contributing to the global evidence base on best practices from high-quality ECD programmes in developing country contexts.

The individual projects within the country's research portfolio are dedicated to generating evidence on the effectiveness of specific service delivery models operating at scale. However, these models function within a broader, cross-cutting ECCD system. Gaining insight into the policy commitments, understanding the system's operational dynamics, and actively engaging stakeholders within this framework are essential steps towards scaling ECCD programmes effectively. Accordingly, the ECCD systems research focuses on mapping relevant ECCD policies and examining available data on various ECCD indicators within the country. This approach aims to build a comprehensive understanding that will facilitate policy dialogues and initiatives to strengthen policy implementation, reinforce ECCD systems, and enhance service delivery.

This report provides essential contextual information regarding Bangladesh's ECCD systems. It situates the other research projects in the country's research portfolio within the broader ECCD ecosystem and suggests areas for further research.

1.2 Purpose of the ECCD systems research

The GoB acknowledges the importance of addressing early childhood needs. The government's primary objectives are to establish a comprehensive framework that ensures children and mothers have access to essential early childhood interventions, promotes school readiness, and equips caregivers with the necessary skills to foster children's wellbeing.[3] This approach aims to create a supportive environment that strengthens children's physical, cognitive, and emotional development, empowering families with tools and resources to support early growth effectively. By prioritising accessible, high-quality early interventions, the government seeks to lay a strong foundation for lifelong health, learning, and resilience among children.

This research provides a comprehensive overview of the policies that influence the provision of ECCD services in Bangladesh. The primary research questions addressed were as follows:

- **Question 1:** What is Bangladesh's policy commitment to ECCD?
- **Question 2:** What data are available to unpack the country's progress in achieving these commitments?

Although numerous reports, policies, and datasets provide valuable insights into distinct domains of ECCD, they frequently lack an emphasis on cross-sectoral themes within ECCD. This research analyses the policies, interventions, and programmes shaping ECCD provision in Bangladesh. By comprehensively examining these components, we aim to identify potential policy gaps and opportunities for strengthening existing frameworks. Additionally, this study assesses the availability

[3] UNICEF (2019), 'Bangladesh Education Thematic Report: January – December 2018'.

of data to understand progress against these policies and identifies any specific data gaps.

This report offers a comprehensive analysis of ECCD policy and data availability; understanding the comprehensiveness of ECCD-related policies vis-à-vis the government's CECCD Policy from 2013[4] and the NCF[5]; the country's commitment to ECD; and current data availability regarding ECCD in the country.

How to use this report

This report is intended to provide valuable evidence for policymakers, researchers, practitioners, and other stakeholders supporting the effective scaling of ECCD programmes nationwide. The analysis presented seeks to synthesise critical insights from existing policies and data on ECCD while identifying priority areas that require further research and strategic exploration to foster sustainable progress in this field.

1.2.1 ECCD policy analysis and data availability

This report examines the ECCD systems in Bangladesh, specifically focusing on ECCD-related policies and unpacking what currently available data tells us about the progress made towards the ECCD goals laid out in these policies. The findings are structured and aligned with the domains of the NCF, addressing the following key questions:

- What are the current ECCD-related policies in Bangladesh, mapped according to the five domains of the NCF? Are there any gaps within these policy frameworks?
- What data are available to gauge the progress of these policy commitments, utilising the indicators specified in the NCF and CECCD Policy? What, if any, are the existing data gaps?

The five developmental domains of the NCF are:

1. **good health** – ensuring physical wellbeing and survival through immunisation, proper hygiene, and access to healthcare services, safeguarding mothers and children from illness and injury.
2. **adequate nutrition** – ensuring proper nourishment for mothers and children to support healthy growth and brain development, addressing children's physical and cognitive needs.
3. **responsive caregiving** – offering consistent, warm, and responsive interactions to meet a child's emotional and psychological needs, promoting secure attachment and trust.
4. **opportunities for early learning** – opportunities for age-appropriate stimulation and play, enabling cognitive, linguistic, and socioemotional growth; and

[4] MoWCA, CECCD Policy 2013.
[5] WHO, UNICEF, World Bank Group (2018), 'Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential', Geneva.

5. **safety and security** – creating a protective environment free from violence, abuse, neglect, and harmful exposures to enable children to thrive while promoting emotional and social stability.

This report is divided into the following chapters:

- **Chapter 2** provides an overview of ECCD-related policies in Bangladesh and presents a policy gap analysis;
- **Chapter 3** provides an overview of the ECCD-related data available in Bangladesh to gauge progress against policy commitments and data gaps; and
- **Chapter 4** outlines potential areas for further research based on the findings and gaps identified in Chapters 2 and 3.

1.3 Methodology and approach

1.3.1 Frameworks for analysis

To construct a comprehensive understanding of ECCD systems in Bangladesh, we anchor our analysis on two key frameworks:

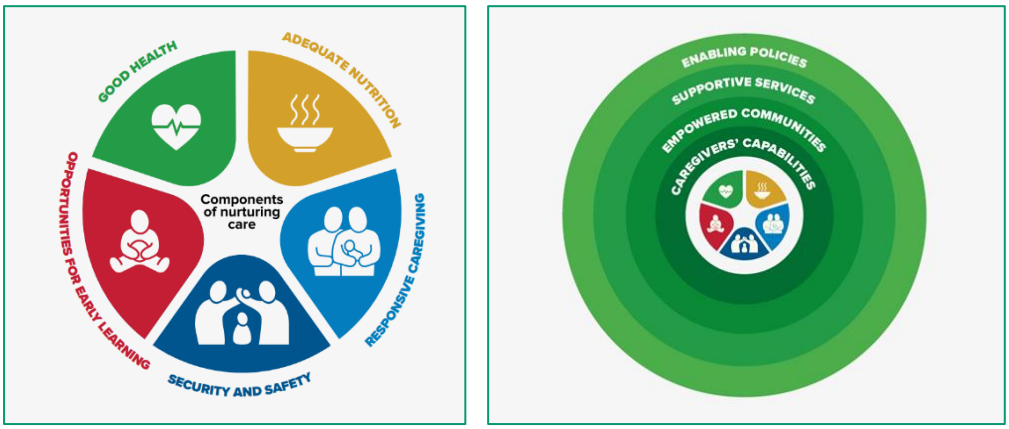
- **The NCF** is an international framework that highlights globally endorsed principles and standards for optimal early childhood interventions and policies.
- **The CECCD Policy 2013** outlines the nation's specific goals and strategies for ECD. It serves as a cornerstone policy, embodying the country's ambitions and commitments to fostering the holistic development of its youngest citizens.

1.3.1.1 The NCF

To reach their full potential, children need access to the five interrelated and indivisible domains of nurturing care in early childhood: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security. The NCF, established in 2018, is a collaborative initiative by WHO, UNICEF, and the World Bank that offers a strategic approach to ECD. It emphasises the importance of providing nurturing care to children through various contexts, including the home, childcare, community, and policies.

The NCF includes two key components (Figure 1). The first component highlights the five essential elements of nurturing care that are crucial for a child's physical and cognitive development: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security. The second component emphasises the creation of enabling environments, with caregivers' capabilities at the centre, reinforced by community support, services, and policies to assist families with young children. The NCF has been widely adopted globally by governments, researchers, and practitioners; it serves as a universal guide, fostering collaboration and alignment among various sectors and stakeholders to ensure children's wellbeing.

Figure 1: Components of the NCF (left) and enabling environments for nurturing care (right)[5]



1.3.1.2 CECCD Policy 2013

Bangladesh has demonstrated significant policy commitment to support ECD, such as through the National Education Policy and National Children Policy, recognising that it is crucial for achieving sustainable development and national progress. The CECCD Policy is Bangladesh's first comprehensive strategic document focused on the critical developmental period from conception to eight years of age. It emphasises the importance of focusing on physical growth, cognitive development, and social and emotional wellbeing during this period.

Aligned with global goals such as the Millennium Development Goals and Education for All (EFA), the CECCD Policy seeks to:

- ensure equitable access to education and healthcare;
- enhance parental understanding of childcare and facilitate early detection and management of disabilities;
- ensure a holistic approach, continuity of care and services, parenting support, inclusion, gender mainstreaming, and a life-cycle approach to ECCD activities;
- provide an age-wise strategic directive for different developmental stages, enabling a comprehensive understanding of ongoing initiatives and integration opportunities;
- address strategies for children with special needs or those from disadvantaged socioeconomic backgrounds;
- clarify stakeholder duties and responsibilities within the ECCD space to ensure accountability and collaboration among relevant entities;
- introduce Early Learning and Development Standards (ELDS),[6] later developed by the MoWCA and other stakeholders to assess the policy's technical aspects; and

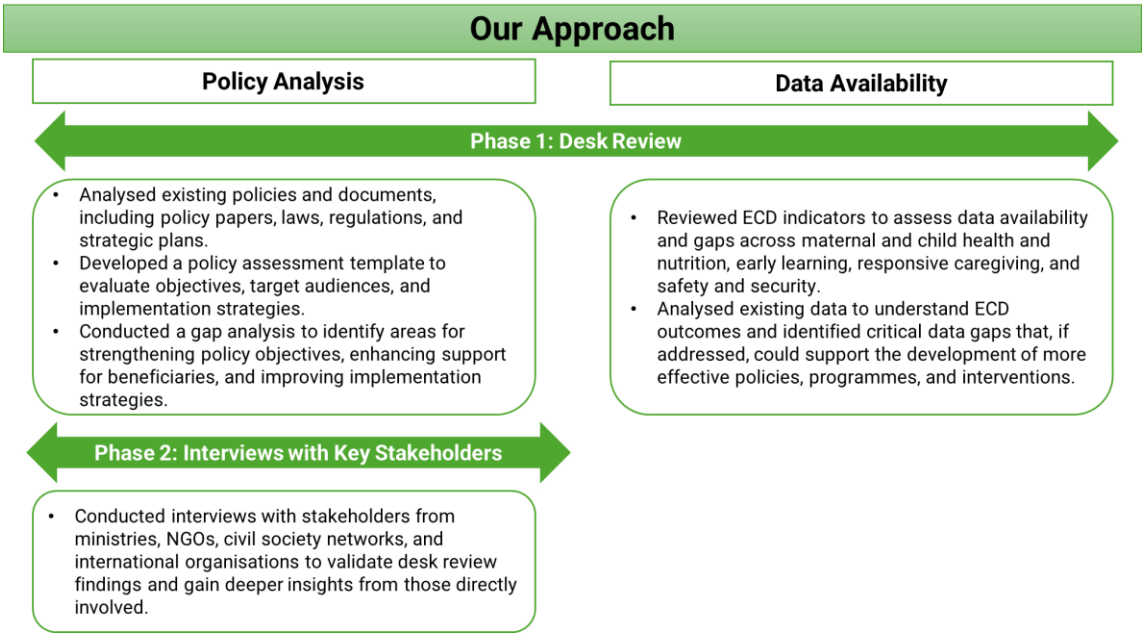
[6] The ELDS define the competencies that young children should acquire at different ages and stages, from birth to 96 months.

- outline broad implementation strategies, training, social mobilisation, M&E, financing, and coordination plans among government, NGOs, civil society organisations, and development partners.

1.3.2 Approach to methodology

Our research involved two key phases: (1) a comprehensive desk review of secondary and publicly available sources and (2) interviews with key government and non-government stakeholders as a primary data collection exercise (Figure 2).

Figure 2: Approach to conducting systems research



1.3.2.1 Primary data collection and analysis: policy gap analysis

The data collection and analysis process encompassed recording, note-taking during interviews, translation, and transcription. Some government officials preferred handwritten notes over recorded conversations, necessitating a reliance on detailed notes taken during the interviews. For the policy gap analysis, 15 interviews were conducted in February 2024, involving six government respondents, four non-government respondents, four international organisations respondents, and one academic respondent, with a mix of face-to-face and online sessions. The respondents were purposively selected based on their expertise to ensure the inclusion of diverse perspectives on policy development and implementation.

During our desk review, we identified and validated gaps mapped against the NCF in Bangladesh's CECCD Policy landscape. Given the large number of organisations already working in the ECCD space, our aim in conducting the interviews[7] was twofold:

[7] We tailored the interview guidelines to align with the research objectives while incorporating the expertise of the research participants.

- to validate our findings from the desk review of ECCD-related policies; and
- to understand the scope of work being undertaken and obtain an overview of the challenges faced by different types of ECCD stakeholders in the country in engaging with the policies.

The interviews also helped us understand the perspectives of different types of stakeholders on what is well covered already and what requires further policy articulation. The notes and transcripts were analysed in detail for common themes and insights shared, based on each organisation's domain and scope of work, to strengthen the policy gap analysis further.

To conduct the policy gap analysis and assess data availability, we reviewed the NCF and the CECCD Policy 2013 to identify ECCD indicators for services and interventions. This approach enabled us to effectively balance globally recognised principles for optimal child development with the country-specific objectives and strategies related to ECCD.

The study findings were then categorised and presented according to the five domains outlined in the NCF, ensuring alignment with established policy frameworks and facilitating a clearer understanding of strengths, gaps, and areas for improvement in ECCD services in Bangladesh.

1.3.2.2 Data collection and analysis: data availability analysis

Data availability for the analysis was assessed through a comprehensive review of large-scale datasets. The process began with the development of a structured framework that was aligned with the policy frameworks, including the NCF and the CECCD Policy 2013. This framework served as a foundation to systematically map relevant data against key indicators outlined for policy analysis. A total of 11 datasets were examined to identify the availability of data for each indicator.

The framework facilitated a thorough mapping of data points, which included identifying specific interventions, corresponding indicators, and sub-indicators or definitions. For each indicator, the framework also captured the available data points, their corresponding year, and the data source. This approach ensured a structured and systematic evaluation of data availability.

Through this mapping exercise, gaps in data availability were identified, highlighting areas where data are either missing or insufficient to support policy analysis and decision making. The following column headers were used in the framework to organise and assess the data: **Intervention**, **Indicator**, **Sub-indicator/Definition**, **Data point**, **Year**, and **Source**.

After the data collection phase, the indicators were systematically mapped to relevant policy interventions and thematic domains to enable a comprehensive and integrated analysis. This mapping process was crucial for triangulating the findings, ensuring that the analysis reflected both the policy objectives and the availability of supporting data. By aligning indicators with specific policy interventions, the exercise provided insights into how well current data systems support the M&E of key ECCD priorities.

The mapping involved cross-referencing indicators with the targeted domains outlined in the policy gap analysis framework, namely, good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security. Each indicator was assessed not only for its alignment with the policy goals but also for its ability to provide actionable insights into the effectiveness of interventions within these domains.

The triangulation process also facilitated a deeper understanding of the interconnectedness of various ECCD domains and the extent to which existing data support a holistic approach to policy implementation. By juxtaposing data availability with policy directives, the analysis highlighted critical gaps where additional data collection or alternative data sources may be required.

1.3.3 Stakeholder engagement and validation

In October 2024, a validation workshop was held in collaboration with the Bangladesh ECD Network (BEN) to review and validate the study's findings and draft report. A diverse group of stakeholders participated in the workshop, which aimed to share the findings and gather input to refine the draft report. Feedback collected during the workshop informed subsequent revisions, leading to the finalisation of the report.

1.4 Limitations of this research

While our research presents comprehensive information through the desk review and primary data collection, it also has certain limitations:

- This report aimed to build a comprehensive understanding of ECCD-related policies and the available data on various ECCD indicators at the time of writing. It is essential to note that knowledge of the ECCD systems will continue to evolve through ongoing research in the country, incorporating new evidence, insights, and understanding.
- The policy-related documents (listed in Annex 1) and data sources referenced (listed in Section 3.1 on page 26) are based on our current knowledge and access to publicly available information. Other sources may exist beyond those currently within our scope. Furthermore, we excluded research data (e.g. journal publications or reports based on programme/ project findings, etc.) from our assessment of data availability, as such data are primarily programme-/project-specific and not nationally representative.
- The policy and data mapping exercise concentrated on analysing existing policies from the 1980s to 2000s and on assessing the availability of relevant data. However, it did not examine the quality or feasibility of these policies and data as this was beyond the scope of the study. Future research should address these aspects to enable a more comprehensive evaluation of the effectiveness of ECCD-related policies and the quality of available data.

Chapter 2: Policy gap analysis of ECCD in Bangladesh

This chapter provides an in-depth review of ECCD-related policies in Bangladesh and highlights specific policy gaps.

2.1 Introduction

This chapter analyses ECCD-related policies in Bangladesh and identifies policy gaps. Policies are mapped under the domains of the NCF to determine if key areas of child development are covered comprehensively. The findings presented are based on an extensive desk review of ECCD policy documents triangulated with information from in-person interviews with ECCD experts in Bangladesh. In addition to validating the findings from the desk review, the interviews provide initial insights into ongoing challenges in implementing policies and delivering ECCD-related services.

As part of our comprehensive mapping process, we examined 41 documents, including policies, operational plans, legislative acts, and regulations, pertaining to the ECCD sector in Bangladesh. Annex 1 contains the list of documents reviewed for this report.

The primary objective of this analysis was to provide an overview of Bangladesh's ECCD policy landscape, understand which areas are covered well as mapped against the NCF, and identify areas that need further policy articulation.

Sections 2.3 to 2.8 present a policy mapping and gap analysis, as mapped against each domain of the NCF.

2.2 Evolution of ECCD policies in Bangladesh

The policy mapping in this report focuses on ECCD-related policies adopted in Bangladesh. The GoB acknowledges the critical importance of investing in ECD and is committed to improving the wellbeing of children.[4] This commitment is evident in the diverse initiatives undertaken over the years, supported by the government, the

private sector, development partners, NGOs, and the civil society community. The development of ECCD-related policies in Bangladesh began with a focus on pre-primary education (PPE), driven by evidence-based advocacy from national and international NGOs, civil society networks, and development partners, highlighting the importance of quality PPE for children's development.

The 1980s marked a period of experimentation in ECE, with government agencies and NGOs developing various pre-primary curricula, primers, play materials, and teaching methods. Key players included the National Curriculum and Textbook Board (NCTB), the Directorate of Primary Education (DPE), and UNICEF. NCTB developed a curriculum in 1981, followed by a primer (UNESCO, n.d.). This primer was designed to enhance children's pre-reading and pre-numeracy skills in the baby class. Save the Children, BRAC, and UNICEF experimented with implementing a different PPE model; however, these initiatives were short-lived, as primary education was prioritised.[8,9]

In the 1990s, Bangladesh initiated significant ECE efforts, formalised in the 1992–2000 National Plan of Action. This included an Early Childhood Education and Development Programme for children aged 4–5 years, aligning with EFA goals. Although non-government and community-led 'baby classes' existed, they lacked structured support, a specific curriculum, and dedicated teachers, limiting their effectiveness. With UNICEF's support, the government launched ECE centres under the Integrated Non-Formal Education Programme (1992–1997), jointly implemented by 35 NGOs, and developed a curriculum emphasising pre-reading, writing, and numeracy skills. In 1994, the DPE issued an official directive to all primary schools, instructing them to establish baby classes without any provisions for appointing dedicated teachers or implementing a specific curriculum. Bangladesh Shishu Academy (BSA) initiated pre-primary classes in 1995, providing foundational literacy and numeracy skills. NGOs like BRAC, Concern Bangladesh, Dhaka Ahsania Mission (DAM), Friends in Village Development Bangladesh (FIVDB), Gano Sahajjo Shangstha, Grameen Shikkha, Plan Bangladesh, Phulki, Save the Children, and UNICEF pioneered early learning initiatives, developing ECD curricula, training modules for teachers, and low-cost learning materials. This collaboration and learning experience laid the foundation for the Early Learning for Child Development Project (ELCDP), led by BSA with UNICEF support. On the other hand, BRAC restarted the PPE programme in 1997 with 40 schools. Integrating government, NGO, and community efforts, this collective movement laid the groundwork for the country's approach to ECE.[9]

In the 2000s, the government and NGOs formed strategic partnerships to advance PPE and ECD. Initiatives like the National Plan of Action II (2008) and the Pre-Primary Operational Framework formalised NGO collaboration. Major international NGOs, including Save the Children and Plan Bangladesh, Concern Universal, Aga Khan Foundation, and national NGOs, such as DAM, FIVDB, Rangpur Dinajpur Rural Services, and the Community Development Centre, launched significant pre-primary

[8] Rashid R, Akkari A. (2020), 'A review of early childhood education (ECE) in Bangladesh: status and impact', *International Journal of Education*. Vol. 12, No. 1, 59-74.
[9] CAMPE (2014), 'New Vision, Old Challenges – The State of Pre-primary Education in Bangladesh', Education Watch 2013, Dhaka.

programmes. The MoWCA, supported by UNICEF, implemented the ELCDP from 2001 to 2013, promoting holistic child development with NGO and urban authority involvement. In 2002, the Ministry of Primary and Mass Education (MoPME) allowed NGOs to operate pre-primary programmes in government schools, extending BRAC and Save the Children's reach. BRAC has established over 136,000 centres, reaching 3.8 million children, with 30% of these being on government school grounds. From 2002 to 2012, the United States Agency for International Development (USAID) funded a number of ECD programmes, including in relation to PPE. Three NGOs (Plan Bangladesh, CARE Bangladesh, and Save the Children) were entrusted with USAID funding to implement individual projects, each focusing on distinct areas of ECD. Plan Bangladesh conducted parenting education programmes for children aged 0–3 years, implemented by Shishu Bikash Kendra[10] for children aged 3–4, and established pre-primary schools for children aged 4–5. CARE Bangladesh managed the Children's Opportunity for Learning Enhanced in the Chittagong Hill Tracts project to support PPE and early-grade learning. Save the Children utilised this funding through its Drirha Suchana initiative in the northeastern marshland regions, covering parental education, PPE, and support for underperforming schools in early grades. At the same time, the Campaign for Popular Education (CAMPE) launched initiatives to enhance local NGO skills in ECD and PPE, including materials development and advocacy at the local and national levels.[9] The Integrated Community Based Center for Child Care, Protection, and Swim-Safe Facilities (ICBC) Project is currently being implemented by the BSA across 16 districts and 45 sub-districts with funding from the MoWCA. This multistakeholder partnership project is based on an adaptive design collaboratively developed by childcare and protection professionals from the government and non-government actors in the drowning prevention and ECCD sectors. The project mainly focuses on i) providing safe, affordable childcare opportunities for children under five; ii) increasing access to swimming instruction for children aged 6–10, with an emphasis on water safety and safe rescue skills; and iii) raising public and parental awareness of child safety risks and methods for reducing them.[11]

The commitment to PPE and the increasing recognition of the importance of ECD have been effectively translated into national policies, with specific directives aimed at advancing the ECCD agenda in Bangladesh. The following section provides a brief overview of key ECCD-related policies that have significantly shaped the country's evolving priorities and goals in this sector over the past several decades.

The first formal PPE programme was initiated in 2003 as part of the Second Primary Education Development Programme (PEDP II) by introducing 'baby classes' for children under six years old. This initiative stemmed from evidence-based advocacy by national and international NGOs, stressing the importance of quality PPE.[8]

The GoB considered health- and nutrition-related aspects of ECCD parallelly in the National Strategy for Infant and Young Child Feeding in Bangladesh, 2007. The

[10] It aims to provide stimulation and group activities to foster mental and social development. To this end, it arranges an activity centre on the veranda of a village home where 8 to 15 children, led by two trained mothers, spend 2 morning hours, 5 days a week.
[11] ICBC project details can also be found **here.**

strategy aims to improve child nutrition by promoting optimal feeding practices for infants and young children. It emphasises community-based interventions, maternal education, and collaboration with health systems to address malnutrition and improve child health outcomes.[12]

In 2008, Bangladesh adopted the Operational Framework for PPE. This nationally approved overarching policy guideline established the government's shared vision for stakeholders and service providers, set clear goals, and provided comprehensive policy direction for implementing educational programmes for children aged three to six years. This framework was developed collaboratively with NGOs, particularly BEN. It was implemented in 2010 under PEDP II after approval by the MoPME.[13,14]

The National Neonatal Health Strategy and Guidelines, 2009, is a key document adopted by the GoB to improve neonatal health outcomes. It outlines strategic interventions aimed at reducing neonatal mortality and morbidity by addressing critical issues such as essential newborn care, skilled attendance at birth, and neonatal resuscitation. The guidelines emphasise strengthening health systems, improving service delivery, and promoting community involvement to ensure every newborn receives the necessary care.[15]

The National Education Policy of 2010 integrated PPE into the framework of universal primary education, mandating one year of preparatory education for children aged five before they enter Grade 1. This policy offers strategic guidance for the entire education sector, with PPE positioned as the foundational component of the system. It acknowledges PPE as an essential and integral part of primary education.[16]

In 2011, the MoPME approved the GO-NGO Collaboration Guideline for Universal PPE in Bangladesh and its Implementation Plan in 2012, with the DPE designated as the lead executing body. The guideline outlines the rationale, objectives, and potential areas for collaboration, with clear criteria for NGOs to participate in these activities. The guideline also specifies the implementation, coordination, monitoring, supervision, and reporting mechanisms for collaborative activities, along with a five-year progression plan detailing the roles and responsibilities of all stakeholders, including the DPE, CAMPE, and BEN.[17,18,9]

MoWCA approved the National Children Policy 2011 to ensure and protect children's rights from birth to 18 years. This policy also encompasses early childhood, childhood, and adolescence. The policy suggests a child development programme for children aged 3–5 years. Additionally, it proposes strengthening and expanding PPE to enhance the effectiveness and success of formal education for young learners. Given its broad approach, which encompasses provisions for children up to

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[12] MoHFW (2007), National Strategy for Infant and Young Child Feeding in Bangladesh.
[13] MoPME (2008), Operational Framework for Pre-Primary Education.
[14] UNESCO (2015). 'Pre-primary Education and the School Learning Improvement Plan in Bangladesh. Case Study', Bangkok.
[15] MoHFW (2009), Bangladesh. National Neonatal Health Strategy and Guidelines.
[16] MoPME (2013), 'Country Report on Early Childhood Care and Education in Bangladesh'.
[17] MoPME (2011), Guideline on GO-NGO collaboration for universal Pre-Primary Education in Bangladesh.
[18] MoPME (2012), Implementation Plan of GO-NGO collaboration for universal Pre-Primary Education in Bangladesh.

the age of 18, while the policy provides a directive for the welfare of all children, it does not include the required focus on all the domains of ECCD.[19]

With technical assistance from UNICEF, DPE developed the PPE Expansion Plan in 2012. This plan outlines the phased improvement of PPE standards in government and registered non-government primary schools, targeting enhanced quality by the conclusion of the Primary Education Development Programme (PEDP) III in June 2016, with further guidance extending to 2020. It also includes a strategy for expanding PPE services through NGOs. This plan, then, is based broadly on the PEDP III framework (resources, options and opportunities) to match the project's expected results with those of the expansion plan.[20,9] Starting in January 2023, the government expanded PPE from one to two years. This pilot programme has so far been rolled out in 3,214 selected government primary schools nationwide, marking a significant milestone in advancing ECE in Bangladesh.[21] Following a comprehensive review of the pilot's outcomes, it will be expanded to include all schools.

Subsequently, the GoB established a new policy and institutional framework for ECCD by adopting the CECCD Policy in 2013, under the leadership of the MoWCA. This policy extends beyond PPE and early learning opportunities, addressing a broader spectrum of early interventions. It provides the foundational rationale for meeting the holistic developmental needs of children—including health, nutrition, emotional, social, and cognitive development—from conception to age eight through an integrated, cross-sectoral approach. Notably, this was the first policy to focus on children from conception to eight years of age. The MoWCA coordinates the policy to create a common understanding and expectations among the actors involved in ECCD activities.[4,22]

The GoB approved the Strategic Operational and Implementation Plan of CECCD Policy in 2016. BEN provided technical support to the UNICEF-assisted ELCDP (Phase II) of BSA to develop the strategic operational and implementation plan. This initiative aims to facilitate policy translation into actionable steps, ensuring that resources are aligned, responsibilities are clearly defined, and mechanisms for effective M&E are established. This approach promotes transparency, accountability, and adaptability, which are essential for successful policy implementation.[23]

Under the MoWCA's policy guidance, BEN helped develop Bangladesh's ELDS in 2016. The ELDS outline the competencies that young children should possess at various ages and stages, from birth to 96 months. They propose development indicators for children (such as behaviours and skills they should exhibit) and strategies for caregivers to encourage these behaviours. They cover four domains: physical and motor; social and emotional; language and communication; and cognitive development. There are several subdomains within each domain. ELDS has been endorsed by 16 ministries and used by the NCTB in developing the

[19] MoWCA (2011), National Children Policy.
[20] DPE (2012), Pre-Primary Education Expansion Plan.
[21] MoPME (2024), APSC 2023.
[22] USAID (2021), 'Nurturing Care to Improve Early Childhood Development: Bangladesh Country Profile. 2021'.
[23] MoWCA (2016), Strategic Operational and Implementation Plan of CECCD Policy.

national pre-primary curriculum and by several NGOs to inform the development of their pre-primary teacher learning packages.[24,25]

The Child Day Care Centre Act 2021 is a pivotal piece of legislation in Bangladesh, established to regulate and standardise daycare services for children. This Act aims to provide a safe, nurturing, and educational environment for children in daycare facilities by setting comprehensive guidelines for their operation. It mandates the licensing and registration of daycare centres, ensuring they meet specific staff qualifications, infrastructure, health, and safety standards. The Act also emphasises child protection and safeguards against abuse or neglect, stipulating caregiver-to-child ratios, nutrition, and activity planning to foster ECD. However, this Act's specific regulations and implementation guidelines have yet to be released.[26]

In 2022, the MoHFW endorsed and approved the National Comprehensive Integrated ECCD Strategy (Under-3),[27] emphasising a coordinated, multisectoral approach to support children under the age of three in Bangladesh. Guided by the NCF and the CECCD Policy 2013, the strategy aims to build an environment where all children, especially those under three, have equitable access to age-appropriate interventions that promote nurturing care, including good health, adequate nutrition, responsive care, safety and security, and early learning opportunities. The main strategic directions include strengthening governance, enhancing service systems, fostering advocacy, capacity building, and utilising innovative programme designs to ensure children can achieve their full developmental potential by 2030.[28] Subsequently, the draft action plan to implement this strategy has been developed and is currently undergoing finalisation.

2.3 Policy mapping: good health[29]

Bangladesh has exhibited a robust policy commitment to improving the health of mothers and young children. These policies encompass a comprehensive range of interventions, addressing needs from pregnancy through the crucial first eight years of a child's life.

[24] MoWCA (2016), ELDS.
[25] World Bank (2020), The Landscape of Early Childhood Education in Bangladesh.
[26] GoB (2021), Child Day Care Centre Act.
[27] National Nutrition Services , Institute of Public Health Nutrition, in collaboration with the relevant Operational Plans of both the Directorate General for Health Services and the Directorate General for Family Planning and support from UNICEF, developed this strategy.
[28] MoHFW (2022), National Comprehensive Integrated ECCD Strategy (Under-3) for the Ministry of Health and Family Welfare 2022–2026.
[29] Ensuring physical wellbeing and survival through immunisation, proper hygiene, and access to healthcare services, safeguarding mothers and children from illness and injury.

Table 1: Policies that facilitate the provision of services promoting good health

Service and intervention[30]	Policy commitment[31]	Policy name
Family planning	Yes	5th Health, Population and Nutrition Sector Programme, 2024–2029 CECCD Policy, 2013
Immunisation for mothers and children	Yes	National Immunisation Strategy, 2023–2027
Prevention of mother-to-child transmission of HIV	Yes	5th Health, Population and Nutrition Sector Programme, 2024–2029 National Neonatal Health Strategy and Guidelines for Bangladesh, 2009
Support for caregivers' mental health	**Limited**	CECCD Policy, 2013
Antenatal and childbirth care	Yes	5th Health, Population and Nutrition Sector Programme, 2024–2029 National Neonatal Health Strategy and Guidelines for Bangladesh, 2009
Prevention of preterm births	Yes	Bangladesh National Strategy for Maternal Health, 2019–2030 National Neonatal Health Strategy and Guidelines for Bangladesh, 2009
Essential care for newborn babies, with extra care for small and sick babies	Yes	5th Health, Population and Nutrition Sector Programme, 2024–2029 National Neonatal Health Strategy and Guidelines for Bangladesh, 2009
Kangaroo care for low-birthweight babies	Yes	5th Health, Population and Nutrition Sector Programme, 2024–2029
Integrated management of childhood illness	Yes	5th Health, Population and Nutrition Sector Programme, 2024–2029 CECCD Policy, 2013
Early detection of disabling conditions (such as	Yes	CECCD Policy, 2013

[30] We identified the ECCD indicators for services and interventions from the NCF and the CECCD Policy for the policy gap and data availability analysis.
[31] To understand the policy commitment, the analysis was divided into the following three categories:

1. **yes** – which means that enough policies cater to most of the target beneficiaries, the intervention has been mentioned either in the CECCD Policy 2013 or in another specific policy, and implementation is ongoing;
2. **no** – which means that there is not enough evidence of policies in place with respect to that component or service/intervention; and
3. **limited** – while there is some strategic focus in a policy on the particular area or service/intervention, it does not fully target relevant beneficiaries.

Service and intervention[30]	Policy commitment[31]	Policy name
problems with sight and hearing)		
Care for children with developmental difficulties and disabilities	Yes	National Child Policy, 2011 CECCD Policy, 2013
The International Code of Marketing of Breast-milk Substitutes and accompanying guidance	Yes	Breast-milk Substitutes (BMS), Infant Foods, Commercially Manufactured Complementary Foods, and the Accessories Thereof (Regulation of Marketing) Act, 2013

- **Policies related to health and ECCD strategically outline a wide range of interventions,** encompassing both preventive measures (such as prenatal care, ANC, and immunisation) and curative actions (aimed at managing childhood sickness).
- **In the short term**, these policies are poised to **improve immediate health outcomes,** mitigate the impact of common childhood illnesses, and reduce morbidity rates among children, and have the potential to enhance trajectories for children with developmental delays and improve their overall wellbeing.
- **In the long term**, by prioritising maternal and child health, these policies lay the foundation for **healthier future generations**. The emphasis on ECD interventions can lead to **better educational outcomes**, as children with a strong foundation in health and development are more likely to thrive academically.

2.4 Policy mapping: adequate nutrition[32]

Policy commitments related to maternal and child nutrition revealed a comprehensive and multifaceted approach to addressing the nutritional needs of mothers and children throughout their lives.

Table 2: Policies that facilitate the provision of services promoting adequate nutrition

Service and intervention	Policy commitment	Policy name
Maternal nutrition	Yes	National Nutrition Policy, 2015
Support for early initiation, exclusive breastfeeding, and continued breastfeeding after six months	Yes	National Nutrition Policy, 2015

[32] Ensuring proper nourishment for mothers and children to support healthy growth and brain development, addressing children's physical and cognitive needs.

Service and intervention	Policy commitment	Policy name
Support for appropriate complementary feeding and for transitioning to a healthy family diet	Yes	National Nutrition Policy, 2015 Guidelines for Complementary Feeding in Bangladesh, 2013
Micronutrient supplementation for mother and child as needed	Yes	National Strategy on Prevention and Control of Micronutrient Deficiencies, Bangladesh, 2015–2024 CECCD Policy, 2013
Fortification of staple foods	Yes	Food Fortification Regulations, 2023
Growth monitoring and promotion, including intervention and referral when indicated	**Limited**	Mentioned as a priority activity for the National Nutrition Services (NNS) Operational Plan
Deworming	Yes	Second National Plan for Action for Nutrition, 2016–2025 [Several programmes rolled out by the MoHFW]
Support for appropriate child feeding during illness	Yes	National Strategy for Infant and Young Child Feeding in Bangladesh, 2007
Management of moderate and severe malnutrition as well as being overweight	Yes	National Guidelines for the Facility-based Management of Children with Severe Acute Malnutrition in Bangladesh 2017 National Food and Nutrition Security Policy, Plan of Action, 2021–2030
Advocacy for nutrition	Yes	Bangladesh Advocacy Plan for Nutrition, 2019–2025

- Existing policies demonstrated a **commitment to tackling malnutrition holistically,** covering aspects such as maternal nutrition, breastfeeding support, and micronutrient supplementation for mothers and children.
- Additionally, the CECCD Policy recognised interventions targeting the **involvement and empowerment of families and societies in service-oriented activities** related to child nutrition by extending parenting programmes to include child nutrition and rearing and establishing a system for providing **nutrition tailored to the individual needs of all children**.
- Regulatory measures indicated efforts to **improve the nutritional quality** of staple foods and support appropriate child feeding during illness, emphasising a combination of intervention and prevention strategies.
- The presence of an Advocacy Plan for Nutrition (2019–2025) highlighted the significance of **advocacy and awareness-raising efforts** in promoting nutrition-related policies and programmes within the framework of ECCD.

Box 1: Gaps in policy commitment: adequate nutrition

The **limited commitment to the implementation of growth monitoring and promotion**, including intervention[33] and referral when indicated, represents a critical gap in Bangladesh's maternal and child nutrition policy landscape. Growth monitoring is a cornerstone of paediatric healthcare, providing vital information about a child's health and development trajectory. Regular monitoring allows healthcare providers to identify growth faltering, malnutrition, or other health concerns early, enabling timely intervention and support. Moreover, growth monitoring serves as an essential tool for assessing the effectiveness of nutrition programmes and policies in improving child health outcomes. Without regular monitoring, children at risk of malnutrition may go unnoticed, leading to delayed intervention and potentially adverse health outcomes. Furthermore, the **lack of systematic referral pathways for children identified as at risk** further compounds the issue, as timely access to specialised care and support is essential for preventing complications and improving outcomes. There is a need to enhance primary healthcare infrastructure and invest in capacity-building efforts at the community level. This gap in policy commitment also explains the lack of data on maternal and child nutrition, which is highlighted in Chapter 3.

2.5 Policy mapping: responsive caregiving[34]

Bangladesh has shown a commitment to responsive caregiving, but to ensure comprehensive ECCD, further policy implementation and a focus on areas such as mental health support and extended family involvement are needed.

Table 3: Policies that facilitate the provision of services promoting responsive caregiving

Service and intervention	Policy commitment	Policy name
Skin-to-skin contact immediately after birth	**No**	
Rooming-in for mothers and young infants, and feeding on demand	Yes	National Neonatal Health Strategy and Guidelines for Bangladesh, 2009
Responsive feeding	Yes	Second National Plan for Action for Nutrition, 2016–2025 ELDS, 2016
Interventions that encourage play and communication	Yes	CECCD Policy, 2013 ELDS, 2016

[33] Meaning action or steps to address the lack of growth monitoring and promotion.
[34] Offering consistent, warm, and responsive interactions to meet a child's emotional and psychological needs, promoting secure attachment and trust.

Service and intervention	Policy commitment	Policy name
activities of the caregiver with the child		
Interventions to promote caregiver sensitivity and responsiveness to the child's cues	Yes	CECCD Policy, 2013 ELDS, 2016
Support for caregivers' mental health	**Limited**	CECCD Policy, 2013
Involving fathers, extended family, and other partners	**No**	
Social support from families, community groups, and faith communities	Yes	CECCD Policy, 2013
Paid paternity leave[35]	**No**	

- The policy commitments underscore a **concerted effort to prioritise early bonding and breastfeeding initiation** through rooming-in for mothers and young infants, along with feeding on demand.
- As per our review, interventions related to **responsive caregiving have garnered government attention since the inception of the CECCD Policy in 2013**, and it is worth exploring further how these have been implemented.
- The CECCD Policy acknowledged the need for interventions that encourage **play and communication** activities between caregivers and children, recognising the importance of early stimulation and interaction for child development.
- It also highlighted **caregiver sensitivity and responsiveness** to child cues, underscoring their role in fostering secure attachment relationships and positive socioemotional development.
- The recognition of **social support** from families, community groups, and faith-based organisations underscores the importance of broader social networks in assisting caregivers, enhancing child wellbeing and strengthening family functioning.

Box 2: Gaps in policy commitment: responsive caregiving

While there is a commitment to rooming-in for mothers and young infants, **skin-to-skin contact** immediately after birth is not explicitly supported in the policies. This suggests a potential gap in promoting immediate bonding and breastfeeding initiation, which are crucial for newborn health and wellbeing.

Additionally, there is a lack of explicit policy commitment **involving fathers, extended family, and other partners in caregiving.** Engaging fathers and extended family members

[35] The provision for paid maternity leave is in place.

is crucial for creating a supportive caregiving environment and promoting positive child outcomes. A paid paternity leave policy could promote fathers' active involvement in caregiving responsibilities during the early stages of child development. Approaches to engaging fathers in caregiving need to be sensitive to and adapted to the country's local social norms.

Support for caregiver mental health is mentioned as a strategy only in the CECCD Policy, and only for mothers during pregnancy. As per the NCF, caregivers include family members, frontline workers, pre-primary educators, or any individual that plays a significant role in caring for children. Addressing this in policy objectives and evidence-based interventions going forward could be beneficial.

The interviews underscored a critical gap in **targeted implementation policies and guidelines** for responsive caregiving, exacerbating existing challenges such as gaps in addressing the **lack of community/parental knowledge and awareness** regarding the significance of caregiving. Despite initiatives by development organisations, including utilising **parenting apps**[36] and **advocacy sessions** in collaboration with the government, the policy environment for responsive caregiving lacks explicit **policies and guidelines.** This stark deficiency highlights the **urgent need for enhanced policy support** and **implementation mechanisms** to promote responsive caregiving practices effectively.

2.6 Policy mapping: opportunities for early learning[37]

Bangladesh's policy commitment to ensuring equitable and accessible early learning opportunities is thoroughly articulated and addressed in various strategic frameworks and initiatives. This commitment underscored the government's recognition of early learning as a critical foundation for lifelong learning and development.

Table 4: Policies that facilitate the provision of services promoting opportunities for early learning

Service and intervention	Policy commitment	Policy name
Information, support, and counselling about opportunities for early learning, including the use of common household objects and homemade toys	Yes	Operational Framework for PPE, 2008 CECCD Policy, 2013
Play, reading, and storytelling groups for caregivers and children	Yes	ELDS, 2016

[36] For example, UNICEF's parenting app Bebbo helps parents provide their children with the best start possible. With information about nutrition, play, and emotions, Bebbo answers parents' questions about raising children. Details can also be found **here**.
[37] Opportunities for age-appropriate stimulation and play, enabling cognitive, linguistic, and socioemotional growth.

Service and intervention	Policy commitment	Policy name
		[Curriculum developed by the NCTB]
Book sharing	Yes	Operational Framework for PPP, 2008 CECCD Policy, 2013 ELDS, 2016
Mobile toy and book libraries	Yes	CECCD Policy, 2013
Good-quality daycare for children, and PPE	**Limited**	Child Day Care Centre Act, 2021
Using local language in children's daily care	Yes	CECCD Policy, 2013

- Bangladesh has **adopted a comprehensive approach to early learning**, integrating the CECCD Policy and ELDS alongside targeted government programmes such as the PEDP, emphasising quality enhancement and increased accessibility.
- The **development of ELDS** provides a framework to guide parents, caregivers, educators, and policymakers on the knowledge and behaviour children should acquire at different stages.
- The government's initiatives, including the Fourth PEDP (PEDP4) (2019–2023), prioritise **quality improvement** and **child-friendly learning environments** to enhance early learning opportunities. The CECCD Policy outlines interventions such as **quality assurance of ECE**, **promoting participation**, and **infrastructure development** to ensure compelling early learning experiences. Specific interventions, such as **information dissemination** and **mobile toy and book libraries**, enhance early learning experiences.
- The **use of local languages** in these initiatives contributes to a contextual approach to early learning.
- Bangladesh has a strong foundation in early learning, and continuous efforts can further **improve the quality and accessibility** of early learning opportunities for all children, regardless of background.

Box 3: Gaps in policy commitment: opportunities for early learning

In Bangladesh's policy landscape, attention needs to be paid to the gaps in policy commitment regarding **good-quality daycare for children.** The Operational Framework for PPE and ELDS outlines initiatives designed to enhance early learning experiences; however, high-quality daycare services remain limited. Without adequate daycare facilities, working parents may face challenges in accessing affordable and reliable care for their children, potentially impacting workforce participation and economic productivity. The Day

Care Centre Act's regulations and implementation guidelines are anticipated to include provisions to address this issue.

In addition to these gaps, our analysis revealed an absence of specific policies addressing **teacher recruitment, training, and appointment.** Despite the government's emphasis on high-quality PPE, there remains a gap in policies and guidelines on **specialised training for teachers and school practitioners.** This lack of specific policies exacerbates existing challenges, including limited training opportunities, inadequate infrastructure, and the need for a skilled workforce in ECCD. While the CECCD Policy mandates specialised training and support for teachers, studies reveal that only a fraction of pre-primary teachers receive adequate training, with the majority lacking training specifically in PPE.[9]

Stakeholder interviews highlight the need to standardise training for ECCD staff and improve the quality of the training institute infrastructure. The current focus of PPE policies on curriculum and school infrastructure neglects the critical aspect of teacher training centres, exacerbating the policy vacuum in teacher development. Additionally, the lack of incentives for teachers to undergo training, particularly for female teachers facing logistical challenges, further compounds this issue. Furthermore, the absence of standardised training for daycare caregivers underscores the broader policy gap in professional development within the ECCD sector.

2.7 Policy mapping: safety and security[38]

A policy commitment is present for certain aspects of safety and security; however, gaps remain in specific areas, highlighting the need for targeted ECCD policies to ensure the comprehensive wellbeing of children.

Table 5: Policies that facilitate the provision of services promoting safety and security

Service and intervention	Policy commitment	Policy name
Birth registration	Yes	National Children Policy, 2011 CECCD Policy, 2013
Provision of safe water and sanitation	Yes	National Strategy for Water Supply and Sanitation, 2014
Good hygiene practices – at home, at work, and in the community	**No**	
Prevention and reduction of indoor[39] and outdoor air pollution	**No**	
Clean environments free of hazardous chemicals	**No**	

[38] Creating a protective environment free from violence, abuse, neglect, and harmful exposures to enable children to thrive while promoting emotional and social stability.
[39] Although Bangladesh has national environmental policies addressing air quality and pollution, this analysis is specifically focused on aspects relevant to ECCD-related policies.

Service and intervention	Policy commitment	Policy name
Safe family and play spaces in urban and rural areas	Yes	CECCD Policy, 2013
Prevention of violence by intimate partners and in families, as well as services to address it	Yes	CECCD Policy, 2013
Social care services	Yes	CECCD Policy, 2013
Cash or in-kind transfers and social insurance	**Limited**	National Social Security Strategy of Bangladesh, 2015 [Mother and Child Benefit Programme of the MoWCA]
Supporting family care and foster care over institutional care	Yes	National Children Act, 2013 CECCD Policy, 2013

- **Birth registration** and the provision of **safe water and sanitation** are identified as key priorities within the policy commitment areas.
- Ensuring access to safe water and sanitation is **vital for public health and for promoting overall wellbeing**. These priorities are also reflected in data on these interventions in Chapter 3, with progress having been made in these areas. Additionally, policies addressing **violence prevention** and **providing social care services** underscore the government's commitment to protecting vulnerable populations and promoting social welfare.
- The CECCD Policy focused on **supporting family and foster care over institutional care**, reflecting an intention to maintain family integrity and provide children with nurturing environments for optimal development. Additionally, special provisions are suggested for school dropouts, aiming to prevent and address issues related to educational disengagement among children.
- The CECCD Policy highlights child-friendly policies to **navigate information and cyberculture complexities**, acknowledging the evolving digital landscape and its implications for child safety.

Box 4: Gaps in policy commitment: safety and security

The gaps in policy commitment regarding **air pollution prevention and hazardous chemical control** carry significant implications for public health, environmental sustainability, and overall wellbeing. These gaps are concerning, given their potential to impact the healthy brain development of young children and to have a significant influence on ECCD outcomes. The CECCD Policy outlines interventions addressing safety and security (e.g. measures to tackle climate change challenges); however, it lacks specific actions to mitigate the effects of pollution and hazardous chemicals on young children.

A **targeted approach to safety and security** within ECCD policies is essential. The current ECCD policy framework demonstrates a limited emphasis on these critical areas. Interviews further substantiated this gap; for example, the Ministry of Social Welfare

(MoSW) has expressed a commitment to addressing issues such as air and noise pollution prevention and reduction. However, their efforts are hindered by insufficient funding.

2.8 Overall observations

Over the past decade, ECCD-related policies in Bangladesh have evolved considerably, reflecting the country's shifting priorities and strategic objectives. Initially emphasising PPE, these policies have progressively expanded to encompass all essential components for promoting optimal child development. The policy mapping exercise and interviews with ECCD stakeholders identified key achievements and areas that would benefit further prioritisation. A summary of the identified policy gaps is provided below.

Table 6: Overview of policy gaps

Domain	Identified gaps
Good health	▪ No gaps identified.
Adequate nutrition	▪ Limited commitment to the implementation of growth monitoring and promotion. ▪ Absence of systematic referral pathways for at-risk children.
Responsive caregiving	▪ Lack of explicit involvement of fathers and extended family members. ▪ Limited support for caregiver mental health. ▪ Lack of focus on skin-to-skin contact immediately after birth.
Opportunities for early learning	▪ Standardised training for ECCD staff. ▪ Lack of specific policies for teacher appointment, training, and development. ▪ Limited provision of good-quality daycare centres and implementation guidelines.
Safety and security	▪ Lack of specific actions to mitigate the effects of pollution on younger children. ▪ Lack of focus on social insurance to support mothers, children, and families.

Bangladesh has firmly committed to ECCD by prioritising it in several national policies, strategies, and guidelines. These commitments are reinforced through initiatives that integrate ECCD into health, nutrition, and education systems, addressing the holistic needs of young children. By fostering collaboration across government, NGOs, civil society networks, and international partners, the country aimed to create a foundation to ensure all children can thrive, contribute to their communities, and reach their full potential.

It is important to emphasise that the focus of Bangladesh's CECCD Policy aligns closely with the developmental domains outlined in the NCF, despite having been developed and adopted before the NCF's introduction. CECCD and other relevant policies reflect the country's commitment to a holistic approach to ECCD. Notably,

the CECCD Policy has broadened its scope to promote awareness-raising interventions related to conception and pregnancy, establishing a solid foundation for children's health and nutrition. Furthermore, it prioritises the needs of children with special requirements and advocates for expanding parenting programmes to include critical components such as nutrition and responsive caregiving. The policy also addresses emerging challenges, such as those arising from information and cyberculture, while ensuring the appropriate integration of information and communication technology into children's programmes.

Policy-level commitments exhibit certain gaps, with the primary challenge centred on their effective implementation. These identified gaps underscore the necessity for targeted policy interventions and the reinforcement of implementation mechanisms to provide comprehensive support for ECCD initiatives in Bangladesh.

Chapter 3: Data availability

This chapter aims to unpack data availability on ECCD indicators identified by reviewing the NCF and the CECCD Policy 2013.

3.1 Understanding the availability of ECCD data in Bangladesh

In Chapter 2, we reviewed Bangladesh's policy commitments to ECCD. This chapter unpacks the currently available data on various ECCD indicators outlined in the NCF and the CECCD Policy 2013. For the scope of this chapter, we referred to the following datasets to assess the availability of ECCD indicators in Bangladesh:

1. The NCF country datasets, which compile information from a range of databases and reports from WHO, the United Nations (UN), UNICEF, the World Bank, and the International Labour Organization;
2. Bangladesh Health Facility Survey 2017;
3. Directorate General of Health Services Bulletin 2019;
4. Bangladesh Maternal Mortality Survey (BMMS) 2019;
5. Multiple Indicator Cluster Survey (MICS) 2019;
6. UNICEF's The State of the World's Children (UNICEF SOWC) 2019 and 2020;
7. National Survey on Persons with Disabilities (NSPD) 2021;
8. Bangladesh Demographic and Health Survey (BDHS) 2022;
9. Household Income and Expenditure Survey (HIES) 2022;
10. National Population Survey 2022; and
11. Annual Primary School Census (APSC) 2023.

In the following sections, we describe the data availability in Bangladesh across various domains of the NCF. In the tables presented below, we have identified the ECCD indicators for services and interventions from the NCF and the CECCD Policy 2013.

3.2 Demographic and socioeconomic overview

Bangladesh's demographic and socioeconomic landscape, which is characterised by high population density and relatively high poverty rates, underscores the complexities of economic disparity and its potential impact on ECCD. Bangladesh

is classified as a LMIC and has a population of 171 million as of 2022. Bangladesh is slated to transition to the Developing Country category by 2026, as per the UN. However, challenges persist since:

- 20.5% of the population were living below the national poverty line in 2019;
- there is a large proportion of children (9%) under five in the total population; and
- the HIES 2022 survey highlights that during the last 12 months, the average amount of loans taken per household was BDT 70,506, almost twice the annual household income.

These statistics highlight the importance of targeted interventions to address poverty-related barriers and promote holistic child wellbeing and development.

Table 7: Key data points on population demographic characteristics in Bangladesh

Indicator	Data point	Year	Source
Total population (millions)	171,186,373	2022	UN, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022, Online Edition
Population growth rate	1%	2021	National Population Survey, 2022
Annual births	2,994,966	2022	UN, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022, Online Edition
Children under five	14,677,639 (9%)	2022	UN, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022, Online Edition
Population living below the poverty line	20.5%	2019	Asian Development Bank

3.3 Data availability: good health

Maternal and child health comprises a comprehensive array of services tailored to address the diverse needs of expectant mothers, infants, and preschool-aged children. From preventive measures to curative interventions, these initiatives strive to reduce mortality rates and nurture the health and potential of mothers and children throughout the early stages of life.

These services include providing primary healthcare to all mothers and children, reducing maternal and neonatal mortality rates, combating malnutrition, preventing infectious diseases, promoting reproductive health, facilitating fertility regulation for the timing of desired and healthy pregnancies, ensuring the birth of healthy infants, and encouraging optimal growth and development throughout early childhood. By

prioritising these critical interventions, maternal and child health initiatives strive to safeguard the health and prospects of mothers and children alike.[40]

Access to essential lifesaving interventions such as skilled delivery at birth, postnatal care, breastfeeding and adequate nutrition, and vaccinations and treatment for common childhood diseases can save many young lives.[41] Globally, infectious diseases such as pneumonia, diarrhoea, and malaria, along with complications from preterm births, birth asphyxia, trauma, and congenital anomalies, are the primary causes of mortality among children under the age of five.[42] In Bangladesh, over half of all deaths in this age group result from pneumonia, severe infections, birth asphyxia, prematurity, and low birth weight.[43]

The table below presents the data availability for key indicators of good health in Bangladesh.

[40] Lancet Series (2017), Advancing Early Childhood Development: from Science to Scale.
[41] WHO (2024), SDG Target 3.2: End preventable deaths of newborns and children under 5 years of age.
[42] WHO, **The Global Health Observatory.**
[43] Rahman AE. Hossain AT, Siddique AB, Jabeen S, Chisti M et al. (2021), 'Child mortality in Bangladesh – why, when, where and how? A national survey-based analysis', *Journal of Global Health*. Vol. 11:04052.

Table 8: Key indicators of good health

Service and intervention	Indicator	Sub-indicator / definition	Data	Year	Source
Policy domain: pregnancy and period of delivery					
Family planning	Demand for family planning (%)	Women aged 15–49	75%	2022	BDHS
	Demand for family planning satisfied with modern methods (%)	Women aged 15–49	55%	2022	BDHS
	Birth spacing	Currently married women who want to have a child within the next two years	13%	2022	BDHS
		Currently married women who want to wait at least two years before having another child	19%	2022	BDHS
	Contraceptive prevalence rate	Among currently married women aged 15–49	64%	2022	BDHS
	Childbearing	Percentage of 15–19-year-olds who are bearing a child / have already delivered	23%	2022	BDHS
Prevention of mother-to-child transmission of HIV	HIV in children	Early infant HIV diagnosis	**Nationally representative indicators or data not available**		
	Treatment for HIV+ pregnant women	Percentage of estimated number of pregnant women living with HIV receiving effective regimens (excludes single-dose nevirapine) of antiretroviral medicines for the prevention of mother-to-child transmission of HIV (2022)	4%	2022	Global AIDS Monitoring and UNAIDS 2023
Antenatal and childbirth care	Antenatal care	Percentage of women aged 15–49 years attended to at least once during pregnancy by any provider	80%	2022	BDHS

Service and intervention	Indicator	Sub-indicator / definition	Data	Year	Source
		Percentage of women who received quality ANC[44]	21%	2022	BDHS
	Delivery care	Skilled birth attendant (15–49)	70%	2022	BDHS
		Institutional delivery (all)	65%	2022	BDHS
		Institutional delivery (lowest wealth quartile)	42%	2022	BDHS
	Maternal mortality	Number of deaths of women from pregnancy-related causes per 100,000 live births during the same time period	123/100,000	2020	WHO, UNICEF, UNFPA, World Bank Group, and the UN Maternal Mortality Estimation Inter-agency Group (MMEIG) 2023
Prevention of preterm births	**Nationally representative indicators or data not available**				
Support for caregivers' mental health	**Nationally representative indicators or data not available**				
Establish the foundation of the child's lifelong education, behaviour, and manners and health	**Nationally representative indicators or data not available**				
Ensure the natural growth and development of children with special needs	**Nationally representative indicators or data not available**				
Ensure health needs for orphans, poor, neglected, and rootless children[45]	**Nationally representative indicators or data not available**				

[44] Defined as four or more antenatal visits with at least one being to a medically trained provider, measurement of weight and blood pressure, testing of blood and urine, and receipt of information on potential danger signs during pregnancy.
[45] Health data for the poorest quartile are accessible through the BDHS and MICS. However, the absence of specific indicators and a specialised approach to understanding the needs of this group may suggest a lack of available data or indicators.

Service and intervention	Indicator	Sub-indicator / definition	Data	Year	Source
Inclusion of the issue of preparation for conception and pregnancy in various curricula, training, seminars, etc.	**Nationally representative indicators or data not available**				
Policy domain: birth to three years					
Immunisation for children	Immunisation for vaccine-preventable diseases (%)	Percentage of children fully immunised	83.90%	2019	UNICEF SOWC
		BCG[46]	99%	2019	UNICEF SOWC
		DTP1[47]	99%	2019	UNICEF SOWC
		DTP3	98%	2019	UNICEF SOWC
		Polio	98%	2019	UNICEF SOWC
		MCV1[48]	97%	2019	UNICEF SOWC
		MCV2 (F)	93%	2019	UNICEF SOWC
		HepB[49]	98%	2019	UNICEF SOWC
		Hib[50]	98%	2019	UNICEF SOWC
		Rota	**Nationally representative indicators or data not available**		
		PCV3[51]	99%	2019	UNICEF SOWC
		Protection at birth against tetanus	98%	2019	UNICEF SOWC
Immunisation for mothers	**Nationally representative indicators or data not available**				
Essential care for newborn babies, with extra care for small and sick babies	**Nationally representative indicators or data not available**				
Kangaroo care for low-birthweight babies	**Nationally representative indicators or data not available**				

[46] Bacillus Calmette-Guérin.
[47] Diphtheria, Tetanus, Pertussis.
[48] Meningococcal vaccine.
[49] Hepatitis B.
[50] Haemophilus Influenzae type B.
[51] Pneumococcal Conjugate Vaccine.

Service and intervention	Indicator	Sub-indicator / definition	Data	Year	Source
Integrated management of childhood illness	Child mortality	Under-five mortality	27/1000	2021	UN Inter-agency Group for Child Mortality Estimation
	Disease care	Percentage of children with diarrhoea receiving oral rehydration salts	72.40%	2019	MICS
	Care-seeking for child pneumonia	Percentage of children under the age of five with symptoms of acute respiratory infection in the two weeks preceding the survey for whom advice or treatment was sought from a health facility or provider	46%	2019	MICS
		Care-seeking for children with symptoms of acute respiratory infection (%)	46%	2019	UNICEF SOWC
	Diarrhoea	Treatment with oral rehydration salts (%)	72%	2019	UNICEF SOWC
	Malaria	Children sleeping under insecticide-treated nets (ITNs) (%)	**Nationally representative indicators or data not available**		
		Households with at least one ITN	**Nationally representative indicators or data not available**		
		Care-seeking for children with fever (%)	56%	2019	UNICEF SOWC
Early detection of disabling conditions (such as problems with sight and hearing)	**Nationally representative indicators or data not available**				
Prevalence of children with developmental difficulties and disabilities	Prevalence of functional disabilities	Total Percentage	1.89%	2021	NSPD
		Difficulty in seeing	0.37%	2021	NSPD
		Difficulty in hearing	0.38%	2021	NSPD
		Difficulty in walking	0.82%	2021	NSPD
		Difficulty in fine motor skills	0.57%	2021	NSPD
		Difficulty in communication	1.13%	2021	NSPD
		Difficulty in learning	0.99%	2021	NSPD

Service and intervention	Indicator	Sub-indicator / definition	Data	Year	Source
		Difficulty in playing	0.78%	2021	NSPD
		Difficulty in controlled behaviour	0.2	2021	NSPD
		Has fallen victim to ridicule or mockery for disabilities in last 12 months (0–4 years)	44.95%	2021	NSPD
Care for children with developmental difficulties and disabilities	**Nationally representative indicators or data not available**				
Preparing and implementing a comprehensive plan to meet the basic health needs of the child	**Nationally representative indicators or data not available**				
Initiating monitoring on child health and development	Postnatal visits[52]	Percentage of newborns who did not receive a postnatal health check-up within 41 days of birth	39%	2022	BDHS
		Percentage of women aged 15–49 years who received postnatal care within two days after birth	55%	2022	BDHS
		Percentage of children who did not receive a postnatal check-up	38%	2022	BDHS
	Essential newborn care	Appropriate cord care	41%	2022	BDHS
		Delayed bathing	27%	2022	BDHS
		Immediate breastfeeding	40%	2022	BDHS
Initiate coordinated centre-based service-providing activities	**Nationally representative indicators or data not available**				
Undertaking alternative and innovative initiatives based on local culture, traditions, and manners	**Nationally representative indicators or data not available**				

[52] The indicator refers to women who had a live birth in a recent time period, generally two years for MICS and five years for DHS.

Key insights

- **According to WHO data from 2021, there is approximately one healthcare worker for every 1,500 people in the country.** Our interviews further emphasise the strain on healthcare systems and frontline workers, potentially contributing to the observed challenges in accessibility and quality of health services. Each local community clinic has a full-time community healthcare provider, assisted by two other community health workers who serve part-time in the clinic and part-time visiting households in the community catchment area. These community health workers provide antenatal and postnatal care, conduct diabetes and blood pressure checks, and look for signs of fever, diarrhoea, and cough. They also support family planning and safe delivery and advise on nutrition, adolescent health, and hygiene, among other services.
- There is **high immunisation coverage for children** (~83%), although there is a **lack of data or indicators available for mothers' immunisation coverage.**
- The data indicate that **only 70% of the women had a skilled attendant present during the delivery**, and **only 65% of the women had an institutional delivery**, posing risks to maternal and newborn health.
- While a relatively high percentage of newborns received postnatal health check-ups (67%), **only 65% of women received postnatal care within two days after the birth**, which is crucial for detecting and managing postpartum complications for both mothers and newborns.
- **Despite a high percentage of children being fully immunised, there are gaps in care-seeking behaviours for childhood illnesses**, with only 46% of children with acute respiratory infection symptoms seeking advice or treatment from a health facility or provider.

Box 5: Gaps in data availability: good health

There are notable data gaps across various critical maternal and child health areas, as highlighted in **Table 8**. Some domains include the **prevention of preterm births, conception and pregnancy awareness, and ensuring the health needs of populations living in displaced communities.** This lack of data extends across various aspects of government interventions, including inputs, activities, and outcomes. Specifically, there is a notable deficiency in information regarding the **provision, accessibility, and utilisation of community health centres.** Additionally, there is limited insight into staffing levels and vacancies within these centres, which are critical for ensuring the delivery of essential healthcare services to children and their families. Furthermore, the quality of services that these centres provide remains inadequate or inadequately documented, leaving policymakers and healthcare providers without the essential information needed to assess and improve healthcare delivery, including ECCD.

3.4 Data availability: adequate nutrition

Maternal and child health and nutrition work in tandem. The nutritional status of the mother during pregnancy and the first years of her child's life sets the stage for the child's brain development. Adequate nutrition, including exclusive breastfeeding from birth to six months old, provides babies with all the necessary nutrients and protects them against common childhood illnesses such as diarrhoea and pneumonia. Breastfeeding is also associated with positive long-term outcomes, such as future intelligence and health. Conversely, lack of nutrition affects the structure and function of the developing brain in ways that are difficult to offset later in life. For example, inadequate nutrition in early childhood can lead to stunting, which can cause irreversible physical and cognitive damage and is associated with negative short- and long-term effects on school performance and adult earnings.[53]

The table below presents the data availability for key indicators of adequate nutrition in Bangladesh.

[53] Keats EC, Das JK, Salam RA, Lassi ZS, Imdad A, Black RE, Bhutta ZA (2021), 'Effective interventions to address maternal and child malnutrition: an update of the evidence', *The Lancet Child & Adolescent Health*. Vol. 5, Issue. 5, 367-384.

Table 9: Key indicators of adequate nutrition

Service and intervention	Indicator	Sub-indicator / definition	Data point	Year	Source
Policy domain: Pregnancy and period of delivery					
Maternal nutrition	Malnutrition among women	Underweight – body mass index of less than 18.5	23%	2020	UNICEF SOWC
		Anaemia	37%	2020	UNICEF SOWC
Micronutrient supplementation for mother and child as needed	Vitamin A supplementation	Percentage of children with full coverage (6–59 months of age) (%)	97%	2020	UNICEF SOWC
Extension of parenting programmes to include nutrition and child-rearing	**Nationally representative indicators or data not available**				
Policy domain: birth to three years					
Support for early initiation, exclusive breastfeeding, and continued breastfeeding after six months	Early initiation or breastfeeding	Percentage of infants born in the last two years who were put to the breast within one hour of birth	47%	2019	MICS
	Exclusive breastfeeding	Percentage of children aged 0–5 months who were fed exclusively with breastmilk in the 24 hours prior to the survey	63%	2019	MICS
	Continued breastfeeding	All children: percentage of children who continued breastfeeding from 12 to 23 months	90%	2020	UNICEF SOWC
		Poorest 20%: percentage of children who continued breastfeeding from 12 to 23 months	91%	2020	UNICEF SOWC
		Richest 20%: percentage of children who continued breastfeeding from 12 to 23 months	86%	2020	UNICEF SOWC
Support for appropriate complementary feeding and for transitioning to a healthy family diet	Introduction of solid foods	Introduction to solid, semi-sold, or soft foods (6–8 months)	75%	2020	UNICEF SOWC

Service and intervention	Indicator	Sub-indicator / definition	Data point	Year	Source
Fortification of staple foods	**Nationally representative indicators or data not available**				
Growth monitoring and promotion, including intervention and referral when indicated	Minimum diet diversity	All children[54]	34%	2020	UNICEF SOWC
		Poorest 20%[54]	22%	2020	UNICEF SOWC
		Richest 20%[54]	48%	2020	UNICEF SOWC
	Minimum meal frequency	Percentage of children who received an appropriate frequency of meals: two to three times a day between six and eight months, increasing to three to four times a day between nine and 23 months, with nutritious snacks offered once or twice a day as desired	65%	2020	UNICEF SOWC
	Vegetable and fruit consumption	Percentage of children with zero fruit or vegetable consumption between six and 23 months	45%	2020	UNICEF SOWC
	Minimum acceptable diet	Percentage of breastfed children aged 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day and percentage of non-breastfed children aged 6–23 months who received at least two milk feedings and had at least the minimum dietary diversity, not including milk feeds, and the minimum meal frequency during the previous day	27%	2019	MICS
Deworming	**Nationally representative indicators or data not available**				
Support for appropriate child feeding during illness	**Nationally representative indicators or data not available**				

[54] Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day.

Service and intervention	Indicator	Sub-indicator / definition	Data point	Year	Source
Involving and empowering the family and society through service-oriented activities related to child nutrition	**Nationally representative indicators or data not available**				
Policy domain: birth to eight years					
Management of moderate and severe malnutrition as well as being overweight	Malnutrition (children under five)	Stunted	24%	2022	BDHS
		Wasted	11%	2022	BDHS
Creating a system for nutrition for all children as per their needs	**Nationally representative indicators or data not available**				
Ensuring all areas of health and nutrition are covered in the programme interventions for children with special needs	**Nationally representative indicators or data not available**				

Key insights

- Only 47% of infants are breastfed within the crucial first hour of birth, potentially affecting early bonding and nutrient intake. Furthermore, **only 27% of breastfed and non-breastfed children meet the minimum dietary diversity and meal frequency requirements,** underscoring deficiencies in overall dietary quality.
- There are **gaps in dietary diversity and meal frequency, with only 34% of children aged 6–23 months consuming foods from five or more food groups** and 65% receiving appropriate meal frequencies.
- **Malnutrition remains a significant issue**, with 24% of children under five stunted and 11% wasted. There has not been a major improvement in this over the last five years.
- While there is excellent coverage for vitamin A supplementation, there is a **notable absence of information on other essential micronutrients** such as vitamin D, vitamin E, niacin, folic acid, and many others that are vital for maternal nutrition and child development.

Box 6: Gaps in data availability: adequate nutrition

There is a lack of comprehensive data on **parenting awareness programmes**, including nutrition and child-rearing, which are crucial for instilling healthy eating habits from an early age. Additionally, creating a system for **personalised nutrition** based on individual needs, including those of children with special needs, remains an unaddressed challenge, highlighting the need for more inclusive programme interventions.

3.5 Data availability: responsive caregiving

Responsive caregiving means observing and responding to children's movements, gestures, sounds, and verbal requests. This protects children against injury and adversity, enables caregivers to recognise and respond to their needs, enriches learning, and builds trust and social relationships. It also includes responsive feeding, which is especially important for infants who are low-weight or ill.[5]

The table below presents the data availability for key indicators of responsive caregiving in Bangladesh.

Table 10: Key indicators of responsive caregiving

Service and intervention	Indicator	Sub-indicator / definition	Data point	Year	Source
Policy domain: pregnancy and period of delivery					
Support for caregivers' mental health	**Nationally representative indicators or data not available**				
Extension of parenting programmes that include childcare, growth, development, and child-rearing	**Nationally representative indicators or data not available**				
Policy domain: birth to three years					
Skin-to-skin contact immediately after birth	Early initiation or breastfeeding	Percentage of infants born in the last two years who were put to the breast within one hour of birth	47%	2019	MICS
Rooming-in for mothers and young infants, and feeding on demand	**Nationally representative indicators or data not available**				
Responsive feeding	**Nationally representative indicators or data not available**				
Interventions to promote caregiver sensitivity and responsiveness to children's cues	**Nationally representative indicators or data not available**				
Initiating creative activities for early childhood learning and stimulation	Early stimulation at home: Percentage of children aged 24–59 months with whom an adult has engaged in four or more of the following activities to promote learning and school readiness in the past three days: a) reading books to the child; b) telling stories to the child; c) singing songs to the child; d) taking the child outside the home; e) playing with the child; and f) spending time with the child naming, counting, or drawing things.		63%	2019	MICS

Service and intervention	Indicator	Sub-indicator / definition	Data point	Year	Source
Policy domain: three to six years					
Interventions that encourage play and communication activities of the caregiver with the child	Early stimulation and responsive care by adults: Percentage of children 36–59 months old with whom an adult has engaged in four or more of the following activities to promote learning and school readiness in the past three days: a) reading books to the child; b) telling stories to the child; c) singing songs to the child; d) taking the child outside the home; e) playing with the child; and f) spending time with the child naming, counting, or drawing things.	Total	64%	2020	UNICEF SOWC
		Male	64%	2020	UNICEF SOWC
		Female	65%	2020	UNICEF SOWC
		Poorest 20%	49%	2020	UNICEF SOWC
		Richest 20%	80%	2020	UNICEF SOWC
Ensuring the appropriate use of information and communication technology (ICT) and providing opportunities for the expression of potential and creativity	**Nationally representative indicators or data not available**				
Policy domain: birth to eight years					
Involving fathers, extended family, and other partners	Early stimulation and responsive care by the father		11%	2020	UNICEF SOWC
Social support from families and community groups	**Nationally representative indicators or data not available**				

Key Insights

- **64% of parents engaged with children in activities** aimed at promoting their development. This involvement includes reading books, telling stories, singing songs, doing outdoor activities, and having interactive learning experiences.
- However, **significant disparities exist based on socioeconomic status, with only 49% of children from the poorest 20% of households receiving such stimulation compared to 80% from the wealthiest 20%. Notably, there is a marked disparity in paternal involvement, with only 11% of children benefitting from early stimulation and responsive care by fathers.**

Box 7: Gaps in data available: responsive caregiving

The lack of comprehensive data on responsive caregiving worldwide is a pressing concern recognised by many global organisations like UNICEF, WHO, and the World Bank. **In addition to the scarcity of data (Table 10) on parental mental health, support groups, and home visits, there is scope to strengthen the policy commitment and implementation efforts in these areas.** The implications of this data gap are far-reaching, as responsive caregiving is foundational to optimal child development and wellbeing. Without accurate data and effective policies, the ability to identify and address barriers to responsive caregiving is compromised, hindering efforts to nurture healthy parent–child relationships and promote children's holistic development.

3.6 Data availability: opportunities for early learning

The importance of ECE as a foundational element for children's future success is underscored by its role in promoting cognitive, social, and emotional development, preparing children for formal schooling, and fostering equity by providing equal opportunities for all children to thrive. Through age-appropriate activities and interactions, early education programmes stimulate learning, language development, and essential skills necessary for lifelong learning and achievement.[5] Play is essential for children's exploration and learning. It fosters creativity and independent thinking while providing them with a deeper understanding of their environment. Engagement in play is vital for a child's development and success. Investing in ECE helps bridge disparities, especially for socioeconomically disadvantaged children, offering a pathway out of poverty and exclusion.[55]

The table below presents the data availability for key indicators of opportunities for early learning in Bangladesh.

[55] Hedegaard, M. (2020), 'Children's exploration as a key in children's play and learning activity in social and cultural formation', *International Perspectives on Early Childhood Education and Development* Springer. Vol. 29, 11-27.

Table 11: Key indicators of opportunities for early learning

Service and intervention	Indicator	Sub-indicator / definition	Data point	Year	Source
Policy domain: three to eight years					
Information, support, and counselling about opportunities for early learning, including the use of common household objects and homemade toys	Playthings at home	Percentage of children aged 0–59 months who play with two or more of the following playthings at home: household objects or objects found outside (sticks, rocks, animals, shells, leaves, etc.); homemade toys or toys that came from a store	67%	2019	MICS
Play, reading, and storytelling groups for caregivers and children	**Nationally representative indicators or data not available**				
Book sharing	Children's books in the home	Percentage of children aged 0–59 months who have three or more children's books at home	6%	2019	MICS
Mobile toy and book libraries	**Nationally representative indicators or data not available**				
Good-quality PPE	Provision	Number (%) of primary schools providing PPE	103,987 (90.7%)	2023	APSC
	Enrolment	Gross enrolment Rate: PPE	46%	2020	UNESCO Institute of Statistics
		Number of children enrolled in PPE	3,496,279	2023	APSC
	Attendance in ECE: Percentage of children aged 36–59 months who are attending an ECE programme	Male	19%	2020	UNICEF SOWC
		Female	19%	2020	UNICEF SOWC
		Poorest 20%	15%	2020	UNICEF SOWC
		Richest 20%	26%	2020	UNICEF SOWC
		Total	19%	2019	MICS
Good-quality day care for children	**Nationally representative indicators or data not available**				
Storytelling by elders with children	**Nationally representative indicators or data not available**				

Service and intervention	Indicator	Sub-indicator / definition	Data point	Year	Source
Using local language in children's daily care	Nationally representative indicators or data not available				
Policy domain: six to eight years					
Creating effective connection and transition between pre-primary and primary education	Nationally representative indicators or data not available				
Setting up a minimum standard of services and bringing all children under coverage	Nationally representative indicators or data not available				
Preparing and implementing school-based coordinated participatory plans	Nationally representative indicators or data not available				
Building up the infrastructure to provide early education and development services	Nationally representative indicators or data not available				
Undertaking activities to ensure quality primary education for all children irrespective of nationalities, race, religion, colour, or living conditions	Nationally representative indicators or data not available				
Preparing school-based activities to enhance entertainment and creativity, and providing opportunities to develop infrastructure at all levels	Nationally representative indicators or data not available				

Key insights

- While a significant percentage of children have access to various playthings at home, including household objects and toys, **only a small proportion (6%) have three or more children's books available.** This indicates a potential gap in resources within households.
- **The government's commitment to scaling up PPE, as reflected in policy documents and corroborated through interviews, has not yet translated into significant improvements in enrolment.** The gross pre-primary enrolment rate remains low at 46%. Attendance rates show a disparity, with children from wealthier households attending at a slightly higher rate (26%) than those from poorer households (19%). Interviews indicate that this gap may be **attributed mainly to limited public awareness and a general reluctance to recognise the benefits of ECE**.

Box 8: Gaps in the data available: opportunities for early learning

The absence of comprehensive data on children's learning outcomes and school readiness poses a significant challenge. While efforts are underway to establish a public dashboard – the Integrated Primary Education Management Information System (IPEMIS), developed by the GoB –, the usability of the data are restricted by its limited focus on PPE and the lack of cross-linking data on teachers, infrastructure, enrolment, and attendance. **Vital aspects such as the availability of skilled early years educators and the quality of classroom environments remain largely undocumented. Additionally, essential aspects of quality inside a classroom are lacking, which could be included in the future rounds of the Annual Primary School Census and the IPEMIS dashboard:**

- detailed insights into classroom infrastructure;
- the availability and effective usage of teaching-learning materials inside the classroom;
- the number of trained teachers; and
- the frequency of monitoring visits to ECD centres.

Additionally, there are gaps in understanding the attainment of foundational literacy and numeracy skills among 6–8-year-olds in schools. These include:

- an effective transition between pre-primary and primary education;
- setting minimum standards of services to ensure universal coverage; and
- implementing coordinated participatory plans at the school level.

Furthermore, the limited availability of data on the number and quality of daycare centres operated by government and non-government sectors highlights an opportunity to strengthen policy commitments and enhance implementation efforts in these areas.

3.7 Data availability: safety and security

A foundation of peace, stability, human rights recognition, and effective governance ensures an environment conducive to children's growth and development. Birth registration is pivotal in affirming children's identity and rights within society, facilitating access to vital services such as healthcare, education, and social protection. Governments are instrumental in building robust child protection systems by confronting norms associated with violence. Harsh punishment and violence jeopardise children's safety and wellbeing, adversely affecting their health, social adaptation, and academic progress.[56]

The table below presents the data availability for key indicators of safety and security in Bangladesh.

[56] WHO (2019), Clean, safe and secure environments to support early childhood development.

Table 12: Key indicators of safety and security

Service and intervention	Indicator	Sub-indicator / definition	Data point	Year	Source
Policy domain: Birth to three years					
Birth registration	Birth registration	Percentage of children under the age of five who were reported to be registered with civil authorities[57]	56%	2019	MICS
Taking coordinated and appropriate steps from the development of policy to the level of service provision to include the use of ICT and to address the challenges and possible dangers of climate change	**Nationally representative indicators or data not available**				
Building social infrastructure and movement	**Nationally representative indicators or data not available**				
Policy domain: three to six years					
Safe family and play spaces in urban and rural areas	**Nationally representative indicators or data not available**				
Initiating inclusive services and activities based on needs, contexts, and socioeconomic conditions of the children	**Nationally representative indicators or data not available**				
Building up a conscious and compassionate environment from policymaking to family	**Nationally representative indicators or data not available**				
Policy domain: six to eight years					
Creating effective connections and coordination among families, schools, the community, and institutions	**Nationally representative indicators or data not available**				

[57] The numerator of this indicator includes children reported to have a birth certificate, regardless of whether or not it was seen by the interviewer, and those without a birth certificate whose mother or caregiver says the birth has been registered.

Service and intervention	Indicator	Sub-indicator / definition	Data point	Year	Source
Undertaking special initiatives to prevent dropouts and include children who are not covered by the activities of coordinated services	**Nationally representative indicators or data not available**				
Developing child-friendly policies to face the challenges of information and cyberculture	**Nationally representative indicators or data not available**				
Policy domain: birth to eight years					
Provision of safe water and sanitation	Basic drinking water	Percentage of the population using an improved drinking water source, where the collection time is not more than 30 minutes for a round-trip, including queuing[58]	98%	2023	WHO–UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene BDHS 2022
	Basic sanitation	Percentage of the population using an improved sanitation facility that is not shared with other households[59]	59%	2022	BDHS
Good hygiene practices – at home, at work, and in the community	**Nationally representative indicators or data not available**				
Prevention and reduction of indoor and outdoor air pollution[60]	**Nationally representative indicators or data not available**				
Clean environments free of hazardous chemicals	**Nationally representative indicators or data not available**				

[58] Improved sources include piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater, and packaged or delivered water.
[59] Improved facilities include flush/pour flush to piped sewerage systems, septic tanks or pit latrines, ventilated improved pit latrines, and composting toilets or pit latrines with slabs.
[60] We are examining whether the country has data on indoor and outdoor pollution concerning ECD. While other indicators, such as stove use and cleaner/less clean fuel usage, are available, they are not included in the list of sources used, and a direct connection to ECD is not established.

Service and intervention	Indicator	Sub-indicator / definition	Data point	Year	Source
Prevention of violence by intimate partners and in families, as well as services for addressing it	Positive discipline	Percentage of children aged 1–4 years who experienced only non-violent discipline in the past month, including a) explaining why a behaviour is wrong; b) taking away privileges or not allowing the child to leave the house; and c) giving the child something else to do	5%	2019	MICS
Social care services	**Nationally representative indicators or data not available**				
Cash or in-kind transfers and social insurance	Mothers receiving cash benefits	Proportion of women giving birth covered by maternity benefits: ratio of women receiving cash maternity benefits to women giving birth in the same year[61]	21%	2020	UNICEF SOWC
Supporting family care and foster care over institutional care	**Nationally representative indicators or data not available**				

[61] Estimated based on age-specific fertility rates published in the UN's World Population Prospects or on the number of live births corrected for the share of twin and triplet births.

Key insights

- 56% of children under age 5 are reported to be registered with civil authorities, which is a **significant improvement from 2018, when only 20% of children had birth registration.** The rates are lower in rural and marginalised communities than in urban areas. Registration is essential to providing a legal identity and access to rights, and the focus should be on ensuring real-time updates and integration with other civil registration systems to provide all necessary services required for optimal child development.
- **Only 21% of women giving birth are covered by maternity benefits,** highlighting challenges in ensuring comprehensive maternal support.
- **Only 5% of children aged 1–4 years experienced non-violent discipline, as reported in MICS 2019,** suggesting a need for education and awareness on positive parenting strategies.

Box 7: Gaps in data availability: safety and security

Although basic indicators regarding the safety and security of children are accessible, there **remains a substantial gap in the availability of comprehensive data in this domain.** For instance, crucial data or indicators are missing for the following domains/groups:

- the ECD status of children living in crisis situations;
- preventing and reducing indoor and outdoor air pollution and ensuring clean environments free of hazardous chemicals;
- the wellbeing of children in institutional care;
- the mental health status of mothers and fathers, particularly regarding depression; and
- children at risk due to parental alcohol or drug consumption.

3.8 Overall observations

Currently, ECCD data in Bangladesh are primarily derived from sources such as the UNICEF-supported MICS, the BDHS, and a limited number of other nationally representative household surveys. While these sources provide data on various indicators, the sector faces significant gaps in understanding the status and determinants of ECCD. These limitations impede efforts to effectively assess progress and address critical aspects of children's growth and wellbeing. The list of indicators with data gaps can be found in **Table 15** in Annex 2.

In addition to specific health and nutrition strategies, data on various ECCD models are urgently needed to incentivise actions to improve ECCD services in the country. Integrating ECCD programmes with existing data platforms, such as on health and nutrition, poverty alleviation/social safety net programmes, women/adolescent

groups, and preschool programmes, among others, will be cost-effective and easy to administer.

Based on our analysis, a significant number of indicators, accounting for 66% of interventions, lack **any available data. Of the 73 services and interventions mapped from the NCF and the CECCD Policy 2013, 49% align with the key strategic priorities of Bangladesh's national ECCD policy; however, no indicators are currently in place to monitor their progress.** Furthermore, **only 6% of interventions have three or more indicators to track progress.** This suggests that even in cases where data exist for certain interventions, such data may not be comprehensive enough to allow for effective monitoring. A comprehensive table presenting this analysis is provided in **Table 16** Annex 3.

Table 13: Summary of data availability

Domain	Recommended number of interventions from the NCF and the CECCD Policy	Percentage of interventions with zero indicators or data available	Percentage of interventions which have a policy focus but no data available
Good health	18	61%	50%
Adequate nutrition	13	54%	31%
Responsive caregiving	11	64%	36%
Opportunities for early learning	15	67%	60%
Safety and security	16	81%	63%
Total / Average percent	**73**	**66%**	**49%**

Chapter 4: Potential areas for further research

The findings presented in Chapters 2 and 3 attempt to answer the following questions: what is the current policy-level commitment to ECCD in Bangladesh, and what data are available to gauge the progress of these policy commitments? Overall, the findings indicate that Bangladesh has made notable progress in establishing an ECCD agenda; however, there is scope to strengthen this further (refer to Sections 2.8 on page 24 and 3.8 on page 50 for a summary of the findings).

Drawing on these findings, below we identify specific research opportunities to contribute to scaling up quality ECCD services in Bangladesh.

4.1 Diagnosing service delivery bottlenecks

There are notable policy commitments in Bangladesh across the five domains of the NCF; however, stakeholders repeatedly highlighted that implementing existing policies is a significant challenge. While several ECCD programmes are in place, greater clarity is needed regarding the extent and quality of their implementation. Additionally, process- and outcome-level data are essential to assess how effectively these programmes function comprehensively. This is substantiated by our review of the available data on ECCD. The existing data on various domains and interventions are often insufficient and limited in terms of their usability. Furthermore, the data need to provide insights into the quality of the programmes and the extent to which policy commitments benefit children and families. There is scope to strengthen data on ECCD intervention models that could encourage decision makers to take action to improve ECCD outcomes.

Further research can identify government priorities via stakeholder consultations and gather data to shed light on the implementation status of ECCD interventions. The focus could be on collecting diagnostic data, pinpointing the root causes of current service delivery outcomes, and suggesting improvements.

For example, this approach is currently being adopted for specific ECCD service delivery models within other research projects in the Thrive Bangladesh research portfolio:

- In our project titled **Extending and Enhancing the Saving Bangladeshi Babies Brain (SB3) Programme in Bangladesh,**[62] the effectiveness of the current

[62] The SB3 project involves integrating an evidence-based early childhood parenting programme to promote child development into the services provided through rural Bangladesh's primary health care service. The intervention is integrated into the health

SB3 intervention is being diagnosed, after which a tweaked intervention will be trialled to test its effectiveness at scale. The project aims to integrate an evidence-based early childhood parenting programme to promote child development into ECCD services provided through rural Bangladesh's primary health care service.

- Similarly, this research approach is also reflected in the project titled **ECD Service Provision to the Rohingya and Host Community in Cox's Bazar.** The project focuses on understanding the needs of the Rohingya population and nearby host communities in Bangladesh and on identifying the enablers and challenges to implementing an ECCD parenting programme before testing the model at scale.

This approach of diagnosing and addressing potential challenges in ECCD service delivery models during large-scale implementation, followed by necessary design adjustments, is crucial to ensuring that programmes operate effectively beyond small and isolated contexts.

4.2 Generating evidence on policy gaps

The ECCD policy review in Bangladesh highlights a few gaps in policy commitments that could benefit from further support. These gaps include a focus on interventions related to growth monitoring and promotion and the explicit involvement of fathers and other caregivers, support for caregivers' mental health, the training and appointment of pre-primary teachers, and targeted preventive policies regarding the impact of pollution on younger children (see Section 2.8 on page 24 for a summary of the policy gaps).

Further research can help address these gaps by partnering with non-government actors to pilot and evaluate ECCD interventions tailored to the needs of the communities. For instance, in focusing on responsive caregiving, a comprehensive needs assessment could be useful to gain insights into the challenges and community practices that hinder caregiving practices. This assessment could provide further insights by evaluating parental engagement, particularly involving fathers, and assessing caregivers' mental health needs, which directly impact the quality of care provided to children. Creating this body of evidence could provide an evidence base and make a case for including these additional components in existing ECCD policies.

Similarly, **it would be useful to generate evidence about the experiences of frontline workers, such as teachers and healthcare providers, to identify ways to better manage and support them in delivering high-quality services and bridging policy gaps.** Stakeholder interviews also highlighted the need to address ECCD-related

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service provision with sessions conducted by community clinic health staff and training and supervision provided by government inspectors at the sub-district level. The main aim of SB3 is to establish an organisational structure to promote the quality and sustainability of the programme when implemented on a large scale. This includes establishing training, supervision, monitoring, and reporting protocols at the national, district, and sub-district levels.

challenges such as awareness, acceptance, and implementation in hard-to-reach areas such as tea gardens, prisons, and brothels. Effective support for the most vulnerable populations in Bangladesh's ECCD sector can be ensured by evaluating outcomes and advocating for targeted policies. This would align with the government's interest in enhancing programme quality and increasing equity and accessibility in ongoing programmes.

While this report focuses on understanding whether Bangladesh demonstrates policy commitment to critical ECCD domains, further research could seek to evaluate the effectiveness of these policies in greater depth.

4.3 Reviewing the CECCD Policy and strengthening its implementation framework

The CECCD Policy has served as a foundational cross-sectoral guideline for over a decade; this is a timely opportunity to shift its focus from a broad strategic outline for ECCD in Bangladesh to a more action-oriented plan. Engaging all stakeholders with detailed implementation documents and a robust monitoring framework would ensure effective policy implementation.

Stakeholders are increasingly interested in evaluating this policy's progress and achievements since its inception in 2013. Conducting such an evaluation could offer valuable insights into successes, challenges, and areas for improvement, empowering stakeholders to make informed decisions to enhance ECCD outcomes. Interviews with government officials have indicated a forthcoming review process guided by the NCF, especially as the policy was completed ten years after its launch, in 2023. Both government and non-government stakeholders advocate for this assessment, underscoring the urgent need to measure achievements over the last decade, monitor progress, and report results to fulfil its mandates and promises.[63]

The interviews also highlighted a need to strengthen the commitment to and focus on programming for the 3–4-year-old age group. While the CECCD Policy outlines interventions for children aged three to less than six, there is limited focus on implementation for this age group. This gap is further underscored by data from the Early Childhood Development Index, which indicates that 74.5% of children aged three to four years in Bangladesh are not considered developmentally on track.[64] Tracking their engagement with ECCD services is critical.

Furthermore, interviews with representatives from key ministries and stakeholders underscored a prevailing emphasis on nutrition and health interventions targeting children aged 0—3 years. While these aspects are undeniably critical for ensuring children's physical wellbeing and survival, relatively limited attention appears to be

[63] Lindland E, Khanom F, Zaman SS, Datt M, Ahmed N. et. al. (2019), 'Early is Key: Mapping the Gaps on Understanding of Early Childhood Development in Bangladesh', FrameWorks Institute and BRAC Institute of Educational Development.
[64] Bassett L, Rahman T, Inoue K, Sharma U, Rahman MN. et. al. (2022), 'Playful Pre-Primary Education in Bangladesh: Study on Professional Development Needs of Pre-Primary Teachers and Headteachers', The World Bank.

paid to other equally vital domains of ECD. Specifically, cognitive growth, linguistic abilities, and emotional development are often overlooked or deprioritised. This imbalance suggests the need for a more comprehensive approach to ECCD that integrates holistic developmental priorities alongside health and nutrition. Similarly, the age group of four to eight years primarily emphasises PPE, leaving a gap in addressing the unique cross-cutting developmental needs of children aged three to four years.

Therefore, research that conducts an evidence-based evaluation of the effectiveness of the CECCD Policy would provide timely and valuable insights to guide the development of a revised policy framework.

4.4 Establishing robust monitoring frameworks and collecting data

Establishing robust monitoring and accountability mechanisms at the national, divisional, district, and local levels necessitates high-quality data on key ECCD indicators, including inputs, activities, and outputs influencing developmental outcomes. It requires solid cross-sectoral collaboration among data producers. Based on our information, it would be beneficial to consider the usability of the currently available data for decision makers seeking to enact corrective measures or guide national programmes effectively. Actionable data such as programme process data, monitoring data, and output-related data are vital to equip practitioners, policymakers, funders, and other stakeholders with the evidence needed to write policies, design impactful programmes, and enhance service delivery.

Further research could support the development of a national M&E plan, enhancing monitoring frameworks to effectively track the progress of ECCD interventions implemented by government and non-government actors and focusing on collecting data that facilitate evidence-informed action and course correction. This research could specifically focus on identifying contextually and locally relevant indicators and supporting stakeholders in strengthening their current monitoring frameworks in line with the national plan. Some specific examples are listed below.

1. **Building a cross-sector data monitoring framework:** a robust monitoring system producing data that are tangible, trackable, actionable, and readily accessible would be beneficial to gauge the progress of ECCD-related policies and programmes. A comprehensive dataset established across ministries and departments could track this progress. Some examples of this being implemented effectively in other contexts are provided below.
    - India's **'Poshan[65] Tracker'** system integrates cross-sectoral indicators of ECD into one database, aiming to enhance the monitoring and improvement of ECD services. Data collected at the central level are fed into a dashboard accessible to officials and policymakers at different administrative levels.

[65] 'Poshan' translates as nutrition in Hindi. More details about the tracker can also be found **here**.

This decentralised approach to information collection, with support and oversight from monitoring officials, has led to a significant increase in the percentage of Anganwadi[66] Centres operating throughout the day.[67]

- The **Australian Early Development Census (AEDC)** is conducted nationwide every three years, involving teachers assessing children's development. The aim is to identify areas for improvement to support children and families, informing policy and planning. The government uses the data to develop flexible and evidence-based policy approaches, offers communities snapshots of children's development, and provides a common ground for collaboration on children's wellbeing activities.[68]

If deemed appropriate, lessons learned from implementing these initiatives could be tested and adapted for application in the Bangladesh context.

2. **Strengthening the monitoring of the Operational Framework for PPE:** stakeholders unanimously acknowledge a significant policy gap in the monitoring, evaluation, and feedback mechanisms for numerous ongoing ECCD programmes. Despite initiatives such as the ELDS and the MoPME's establishment of classroom standards and child development checklists, there is scope to improve comprehensive reviews on their implementation and impact on child development outcomes and define clear benchmarks, strategies, and medium- to long-term expectations that should be set for parents, communities, and both local and central government bodies.
3. **Creating a comprehensive central database for ECCD interventions to improve monitoring systems and facilitate data sharing among stakeholders:** despite growing recognition, policymakers and development partners lack empirical evidence on the effectiveness of ECCD interventions, hindering informed decision making. For instance, interviews highlighted significant gaps in nationally representative data on ongoing programmes for children with disabilities or drowning prevention. Establishing a centralised database of ECCD interventions would improve data management and contribute to more informed decision making, greater transparency, and enhanced collaboration within the sector. The database should also highlight and incorporate variations across gender, geographic location, and socioeconomic groups to support the design of impactful programmes, improve service delivery, and facilitate implementation in the ECCD domain. Initially, the database could be populated by drawing from existing sources, and new data collection efforts could then be undertaken to fill in any gaps. These data could be analysed and then shared directly with frontline workers and other stakeholders within the system. This accessibility supports performance enhancement and informed decision-making processes throughout the system.

   Further research can also pilot different data collection initiatives, including process and theory-based formative evaluations, to understand if any new

[66] Anganwadi Centre is an ECD Centre in India.
[67] Jaacks LM, Awasthi A, Kalra A. (2024), 'India's Poshan Tracker: data-driven tool for maternal and child nutrition', *The Lancet Regional Health – Southeast Asia*. Vol. 25, 1-3.
[68] AEDC details can also be found **here.**

nationally representative indicators need to be developed. We suggest piloting different kinds of data collection initiatives so that we can consider their potential benefits, costs, and usability before suggesting large-scale data collection or integrating these indicators into nationally representative surveys. Some examples of types of data collection initiatives and their advantages are provided below.

4. **Development of a results framework:** to address data gaps and strengthen evidence-based decision making, it is essential to develop and embed a robust results framework within ECCD interventions. This framework should encompass a comprehensive set of indicators spanning the entire results chain, including inputs, activities, outputs, intermediate outcomes, and final outcomes. By integrating this framework into programme design and implementation, stakeholders can systematically track progress, measure effectiveness, and identify areas requiring improvement. Indicators for inputs and activities would capture resource allocation and implementation efforts, while output indicators would measure immediate deliverables, such as the number of children reached or services provided. Intermediate outcomes, such as changes in caregiver knowledge or child attendance rates, would reflect progress toward achieving long-term objectives. Finally, outcome indicators would assess the broader impact on child development, health, and education.
5. **Improving current household and school surveys:** evidence from developing countries indicates diverse and non-linear pathways for children's enrolment in early education, including daycare centres, pre-primary schools, informal care, community-based programmes, and religious institutions. This underscores the need to map out current preschool education choices to make decisions regarding early provisions. Large-scale surveys, like the Annual Status of Education Report (ASER) in India, provide comprehensive data on various aspects of ECD. These surveys can assess children's child development outcomes, school entry age, the types of PPE availed, and child movement patterns over time. **The ASER surveys in India are now widely recognised and acknowledged for shifting the focus of policy and programmes from inputs to learning outcomes.** By collecting data at a national level and across different regions, these surveys can inform policy and programme decisions, identify trends, and guide resource allocation to areas with the greatest needs.
6. **Using insights from longitudinal studies to strengthen policy:** Longitudinal studies (including small-scale studies) can track children's development over time, providing insights into the long-term impact of interventions and policies on ECCD outcomes. The significance of such studies is exemplified by The India Early Childhood Education Impact Study, which tracked 14,000 students across three states in India over four years. Insights from this study have played a crucial role in shaping evidence-based policymaking in India, notably contributing to the formulation of the National Education Policy, 2020, and subsequent research on ECE. Recommendations stemming from this study, particularly on school readiness, influenced policy decisions and led to the development of a 12-week school readiness module now implemented nationwide.

Annex 1: List of reviewed documents

The policies, operational plans, legislative acts, regulations, and other documents that were reviewed for this report are provided in the table below:

Table 14: List of documents reviewed for this report

Year	Ministry	Documents
2007	MoHFW	National Strategy for Infant and Young Child Feeding in Bangladesh
2008	MoPME	Operational Framework for Pre-Primary Education
2009	MoHFW	National Neonatal Health Strategy and Guidelines for Bangladesh
2010	Ministry of Education	National Education Policy
2010	Ministry of Labour and Employment	Bangladesh Labour Act, 2006 (Revised in 2023)
2011	MoPME	The National Pre-Primary Curriculum
2011	MoWCA	National Children Policy
2011	MoPME	Guideline on GO-NGO Collaboration for Universal Pre-Primary Education (PPE) in Bangladesh
2011	General Economics Division Planning Commission	Sixth Five Year Plan FY2011– FY2015
2012	DPE	Pre-Primary Education Expansion Plan
2012	MoPME	Implementation Plan of GO-NGO Collaboration for Universal Pre-Primary Education in Bangladesh
2012	MoHFW	Healthcare Financing Strategy 2012 – 2032
2013	Ministry of Law, Justice and Parliamentary Affairs	The Children Act, 2013
2013	MoPME	Country Report on Early Childhood Care and Education in Bangladesh
2013	MoSW	Persons with Disabilities Rights and the Protection Act 2013
2013	Ministry of Law, Justice and Parliamentary Affairs	Breastmilk Substitutes (BMS), Infant Foods, Commercially Manufactured Complementary Foods, and the Accessories Thereof (Regulation of Marketing) Act
2013	MoWCA	CECCD Policy 2013
2013	Bangladesh Breastfeeding Foundation	Guidelines for Complementary Feeding in Bangladesh

Year	Ministry	Documents
2013	MoWCA	National Action Plan to Prevent Violence Against Women and Children 2013–2025
2014	MoPME	Non-Formal Education Act
2014	Ministry of Local Government, Rural Development and Cooperatives	National Strategy for Water Supply and Sanitation
2014	MoPME	Third Primary Education Development Program (PEDP-3) 2015
2015	MoHFW	National Nutrition Policy
2015	MoHFW	National Strategy on Prevention and Control of Micronutrient Deficiencies, Bangladesh (2015 – 2024)
2015	General Economics Division Planning Commission	National Social Security Strategy of Bangladesh
2015	General Economics Division Planning Commission	Seventh Five Year Plan FY2016 – FY2020
2016	MoWCA	ELDS
2016	MoWCA	Strategic Operational and Implementation Plan of CECCD Policy
2017	MoHFW	Second National Plan of Action for Nutrition (2016–2025)
2017	MoHFW	National Guidelines for the Facility-based Management of Children with Severe Acute Malnutrition in Bangladesh
2017	MoWCA	Child Marriage Restraint Act
2018	MoHFW	Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases 2018 – 2025
2019	MoPME	PEDP4
2019	MoHFW	Bangladesh National Strategy for Maternal Health 2019 – 2030
2019	MoHFW	Bangladesh Advocacy Plan for Nutrition, 2019 –2025
2021	Ministry of Food	National Food and Nutrition Security Policy, Plan of Action (2021 – 2030)
2021	MoWCA	Child Day Care Act
2022	MoHFW	National Immunization Strategy 2023–2027 for Expanded Program on Immunization of Bangladesh
2022	MoHFW	National Comprehensive Integrated ECCD Strategy (Under-3) for the Ministry of Health and Family Welfare 2022–2026
2023	Bangladesh Food Safety Authority	Food Fortification Regulations, 2023
2024	MoHFW	5th Health, Population & Nutrition Sector Programme Operational Plan, 2022–2029

Annex 2: Summary of identified data gaps

Table 15: List of data gaps

Domain	Identified gaps
Good health	Indicators for preterm birth prevention; availability and utilisation of community health centres; staffing levels and vacancies; quality of service delivery; and maternal and child health outcomes.
Adequate nutrition	Indicators for coverage of parenting awareness programmes; personalised nutrition access; and inclusive nutrition interventions for children with special needs.
Responsive caregiving	Indicators for parental mental health; availability of support groups; frequency of home visits; and measures of responsive caregiving practices.
Opportunities for early learning	Indicators for classroom infrastructure quality; use of teaching and learning materials; trained teacher availability; monitoring visit frequency; foundational literacy and numeracy skills; and quality and coverage of daycare centres.
Safety and security	Indicators for ECD status of children in crisis; indoor/outdoor pollution prevention measures; institutionalised children's wellbeing; parental mental health; substance abuse risks.

Annex 3: Policies, interventions, and data availability

The table below categorises services and interventions based on the key domains from the NCF. Here is a simple explanation of what each column captures:

- **Column A**: Specifies the policy domain (e.g. health, nutrition, education) under which a service or intervention falls.
- **Column B**: Lists the services and interventions mapped from the NCF and the CECCD Policy 2013.
- **Columns C and D**: Indicate the source of each intervention, showing whether it is mentioned in the CECCD Policy, the NCF, or both. This helps identify any overlaps and the unique contributions of each guiding document.
- **Column E:** Highlights the data availability for each intervention, indicating whether data exist to track its implementation and impact.
- **Column F**: Provides the number of indicators available to assess and measure the progress or status of these interventions in Bangladesh.

Table 16: List of services and interventions vs data availability

A	B	C	D	E	F
National policy document domain	**Service and intervention**	**NCF 2018 (Yes / No)**	**CECCD Policy 2013 (Yes / No)**	**Data availability**	**Number of indicators**
Good Health					
Pregnancy and period of delivery	Family planning	Yes	Yes	Yes	**5**
	Prevention of mother-to-child transmission of HIV	Yes	Yes	Yes	**2**
	Support for caregivers' mental health	Yes	**No**	**No**	**0**
	Antenatal and childbirth care	Yes	Yes	Yes	**6**
	Prevention of preterm births	Yes	Yes	**No**	**0**
	Establishing the foundation of the child's lifelong education, behaviour and manners, and health	**No**	Yes	**No**	**0**
	Ensuring the natural growth and development of children with special needs	**No**	Yes	**No**	**0**
	Ensuring health needs for orphans and poor, neglected, and rootless children	**No**	Yes	**No**	**0**
	Including the issue of preparation for conception and pregnancy in various curricula, training, seminars, etc.	**No**	Yes	**No**	**0**
Birth to three years	Immunisation for children	Yes	Yes	Yes	**1**
	Essential care for newborn babies, with extra care for small and sick babies	Yes	**No**	**No**	**0**
	Kangaroo care for low-birthweight babies	Yes	Yes	**No**	**0**
	Integrated management of childhood illness	Yes	**No**	Yes	**7**

A	B	C	D	E	F
National policy document domain	**Service and intervention**	**NCF 2018 (Yes / No)**	**CECCD Policy 2013 (Yes / No)**	**Data availability**	**Number of indicators**
	Early detection of disabling conditions (such as problems with sight and hearing)	Yes	Yes	Yes	**1**
	Preparing and implementing a comprehensive plan to meet the basic health needs of the child	**No**	Yes	**No**	**0**
	Initiating monitoring on child health and development	**No**	Yes	Yes	**6**
	Initiate coordinated centre-based service-providing activities	**No**	Yes	**No**	**0**
	Undertaking alternative and innovative initiatives based on local culture, traditions, and manners	**No**	Yes	**No**	**0**
Adequate nutrition					
Pregnancy and period of delivery	Maternal nutrition	Yes	**No**	Yes	**2**
	Micronutrient supplementation for mother and child as needed	Yes	Yes	Yes	**1**
	Extension of parenting programmes to include nutrition and child-rearing	**No**	Yes	**No**	**0**
Birth to three years	Support for early initiation, exclusive breastfeeding, and continued breastfeeding after six months	Yes	**No**	Yes	**3**
	Support for appropriate complementary feeding and for transitioning to a healthy family diet	Yes	**No**	Yes	**1**
	Fortification of staple foods	Yes	**No**	**No**	**0**
	Growth monitoring and promotion, including intervention and referral when indicated	Yes	Yes	Yes	**4**

A	B	C	D	E	F
National policy document domain	**Service and intervention**	**NCF 2018 (Yes / No)**	**CECCD Policy 2013 (Yes / No)**	**Data availability**	**Number of indicators**
	Deworming	Yes	**No**	**No**	**0**
	Support for appropriate child feeding during illness	Yes	**No**	**No**	**0**
	Involving and empowering the family and wider society in service-oriented activities related to child nutrition	**No**	Yes	**No**	**0**
Birth to eight years	Management of moderate and severe malnutrition as well as being overweight	Yes	**No**	Yes	**2**
	Creating a nutrition system for all children as per their needs	**No**	Yes	**No**	**0**
	Ensure all areas of health and nutrition are included in programme interventions for children with special needs	**No**	Yes	**No**	**0**
Responsive caregiving					
Pregnancy and period of delivery	Support for caregivers' mental health	Yes	**No**	**No**	**0**
	Extension of parenting programmes that include childcare, growth, development, and child-rearing	No	Yes	**No**	**0**
Birth to three years	Skin-to-skin contact immediately after birth	Yes	**No**	Yes	**1**
	Rooming-in for mothers and young infants, and feeding on demand	Yes	**No**	**No**	**0**
	Responsive feeding	Yes	**No**	**No**	**0**
	Interventions to promote caregiver sensitivity and responsiveness to children's cues	Yes	Yes	**No**	**0**

A	B	C	D	E	F
National policy document domain	**Service and intervention**	**NCF 2018 (Yes / No)**	**CECCD Policy 2013 (Yes / No)**	**Data availability**	**Number of indicators**
	Initiating creative activities for early childhood learning and stimulation	**No**	Yes	Yes	**1**
Three to six years	Interventions that encourage play and communication activities of the caregiver with the child	Yes	Yes	Yes	**1**
	Ensuring appropriate use of ICT and providing opportunities for expression of potential and creativity	**No**	Yes	**No**	**0**
Birth to eight years	Involving fathers, extended family, and other partners	Yes	**No**	Yes	**1**
	Social support from families and community groups	Yes	Yes	**No**	**0**
Opportunities for early learning					
Three to eight years	Information, support, and counselling about opportunities for early learning, including the use of common household objects and homemade toys	Yes	**No**	**No**	**0**
	Play, reading, and storytelling groups for caregivers and children	Yes	Yes	**No**	**0**
	Book sharing	Yes	Yes	Yes	**1**
	Mobile toy and book libraries	Yes	Yes	Yes	**1**
	Good-quality day care for children, and PPE	Yes	Yes	Yes	**1**
	Storytelling by elders with children	Yes	Yes	**No**	**0**
	Using local language in children's daily care	Yes	Yes	**No**	**0**

A	B	C	D	E	F
National policy document domain	**Service and intervention**	**NCF 2018 (Yes / No)**	**CECCD Policy 2013 (Yes / No)**	**Data availability**	**Number of indicators**
Three to six years	Improving the quality of PPE and creating opportunities for children to participate	**No**	Yes	Yes	**1**
	Improving the quality of PPE and creating opportunities for children to participate	**No**	Yes	Yes	**1**
Six to eight years	Creating an effective connection and transition between pre-primary and primary education	**No**	Yes	**No**	**0**
	Setting up a minimum standard of services and bringing all children under coverage	**No**	Yes	**No**	**0**
	Preparing and implementing school-based coordinated participatory plans	**No**	Yes	**No**	**0**
	Building up the infrastructure to provide early education and development services	**No**	Yes	**No**	**0**
	Undertaking activities to ensure quality primary education for all children irrespective of nationalities, race, religion, colour, or living conditions	**No**	Yes	**No**	**0**
	Preparing school-based activities to enhance entertainment and creativity, and providing opportunities to develop infrastructure at all levels	**No**	Yes	**No**	**0**
Safety and security					
Pregnancy and period of delivery	Birth registration	Yes	Yes	Yes	**1**
Birth to three years	Taking coordinated and appropriate steps from the development of the	**No**	Yes	**No**	**0**

A	B	C	D	E	F
National policy document domain	**Service and intervention**	**NCF 2018 (Yes / No)**	**CECCD Policy 2013 (Yes / No)**	**Data availability**	**Number of indicators**
	policy to the level of service provision to include the use of ICT and to address the challenges and possible dangers of climate change				
	Building social infrastructure and movement	**No**	Yes	**No**	**0**
Birth to eight years	Provision of safe water and sanitation	Yes	Yes	Yes	**2**
	Good hygiene practices – at home, at work, and in the community	Yes	**No**	**No**	**0**
	Prevention and reduction of indoor and outdoor air pollution	Yes	**No**	**No**	**0**
	Clean environments free of hazardous chemicals	Yes	**No**	**No**	**0**
	Safe family and play spaces in urban and rural areas	Yes	Yes	**No**	**0**
	Prevention of violence by intimate partners and in families, as well as services for addressing it	Yes	Yes	Yes	**1**
	Social care services	Yes	Yes	**No**	**0**
	Supporting family care and foster care over institutional care	Yes	Yes	**No**	**0**
Three to eight years	Initiating inclusive services and activities based on the needs, contexts, and socioeconomic conditions of the children	**No**	Yes	**No**	**0**
	Building up a conscious and compassionate environment from policymaking to family	**No**	Yes	**No**	**0**

A	B	C	D	E	F
National policy document domain	**Service and intervention**	**NCF 2018 (Yes / No)**	**CECCD Policy 2013 (Yes / No)**	**Data availability**	**Number of indicators**
	Creating effective connections and coordination among families, schools, the community, and institutions	**No**	Yes	**No**	**0**
	Undertaking special initiatives to prevent dropouts and include children who are not covered by the activities of coordinated services	**No**	Yes	**No**	**0**
	Developing child-friendly policies to address the challenges of information and cyberculture	**No**	Yes	**No**	**0**

Thrive

Thrive is a multi-country research programme that aims to support countries to turn what we know about positive early childhood development into practical, scalable, low-cost programmes, able to transform societies over multiple generations. Working closely with policymakers and other stakeholders, Thrive aims to build understanding of early childhood development service delivery models and how they can be provided cost effectively and at scale, and how these systems can innovate, improve, and better serve children and communities in low- and middle-income countries.

Our five focus countries are Bangladesh, Ghana, Kiribati, Sierra Leone and Tanzania.

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